



SUNY  
**DOWNSTATE**  
 Medical Center



BME Student Qualifying Exam Application

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Home Campus:       SUNY       NYU/Poly

Laboratory (if currently sponsored) \_\_\_\_\_

I would like to submit the following names of 3 faculty members (one of which is not from my home campus) to serve on my thesis committee. I have contacted these professors and they are all willing to serve in this capacity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Director of Home Institution Approval:

Approved

Signed \_\_\_\_\_ Date \_\_\_\_\_

Not approved – comments, or committee constitution changes below:

Signed \_\_\_\_\_ Date \_\_\_\_\_

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