
QUALIFYING EXAMINATION FOR MS DEGREE IN BIostatISTICS

Name: _____ **Student ID#:** _____
Last Name First Name Middle Initial

Rutgers Email Address: _____

Current Mailing Address: _____

Include Number, Street and Apt. Number City State Zip Code

Please sign either A or B.

A. The applicant has been given a qualifying exam and has passed.

Signature	Print Name
_____	_____
_____	_____
_____	_____
Department Chair Signature	

Date	

B. The applicant has failed the qualifying exam.

Signature	Print Name
_____	_____
_____	_____
_____	_____
Department Chair Signature	

Date	

**RETURN TO
OFFICE OF THE REGISTRAR**

(FOR OFFICE USE ONLY)

Office of the Registrar Signature Date

Copies to: MS Coordinator Office of the Registrar Campus Office Student
