Application form for
Ph.D. candidate qualifying examination

Date:

Applicant’s name: _______________  Student ID: _______________  Year: ___

Examination Subject: (Please specify the expected completion time)

_____________________________________________________________________

Note: 1. Please choose the examination subject from the following list

   Cell Biology, Molecular Biology, Tumor Biology, Neuroscience, Immunology, Microbial Pathogenesis (including Advanced Virology and Advanced Bacteriology – please choose one)

2. Submit all transcripts of the PhD research student (PhD students who are directly pursuing a PhD research program should submit the transcript from the first year of their masters program)

Advisor: (Signature) _______________  Date: _______________

Convener and Committee members: _______________  Date: _______________

(Signature)  Date: _______________

_____________________________________  Date: _______________

_____________________________________  Date: _______________

_____________________________________  Date: _______________