



Washington University in St. Louis

SCHOOL OF MEDICINE

QUALIFYING EXAMINATION REPORT FORM

Upon completion of the qualifying examination (successful or unsuccessful), this form should be completed and submitted to the School of Medicine Registrar's Office at wusmregistrar@wustl.edu. This form should be submitted by a program representative, not the student.

Student Name: _____

Student ID: _____

Program Name: _____

Exam Date(s): _____

- The above-listed student **SUCCESSFULLY** completed the qualifying examination on _____ *(date)*.
- The above-listed student **UNSUCCESSFULLY** completed the qualifying examination on _____ *(date)*.

Program Representative Name

Program Representative Signature

Date

Comments: