

**DEPARTMENT OF ANATOMY AND CELL BIOLOGY**  
**Comprehensive Examination Evaluation Form**

**Student Name:**

**Student ID:**

**Date of exam:**

**Excellent**

**Very Good**

**Good**

**Satisfactory**

**Unsatisfactory**

Repeat in      months

**Strengths of the performance (including written thesis proposal):**

**Weaknesses of the performance (including written thesis proposal):**

**Examination Committee Approval**

Please indicate if you agree with the statements and evaluation above:

Supervisor	Yes	No
Co-Supervisor (if applicable)	Yes	No
Mentor	Yes	No
Internal Jury Member	Yes	No
Internal Jury Member	Yes	No
External Jury Member	Yes	No