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| UBC-crest.png | Department of Microbiology and Immunology Comprehensive Exam Planning Report | | |
| Student name: |  |  |  |
| Thesis advisor: |  | Date: |  |
|  |  |  |  |
| Committee Members Present: |  | Absent: |  |

**Examiner** **Topics**

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| *Name of examiner* |  |

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| *Name of examiner* |  |

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| *Name of examiner* |  |

*Please use the back of this form if you require more space.*

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| Title of Thesis Proposal: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | Time: |  | Location: |  |
| Topics approved: | |  | Yes |  | No: Reason | | Chair |  |
| Graduate advisor’s signature: | | | | | | | | |