QUALIFICATION EXAM SCHEDULE

### Student:

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 After understanding with the members of the Board of Examiners, it was established that the Qualification Exam will be carried out on:

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| --- | --- | --- | --- |
| Date: |  | Time: |  |
|  |  |
| Location: |  |

|  |  |
| --- | --- |
| Date: |  |
|  |
|  |
|  |
| Student’s Signature: |  |
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|  |
|  |
| Supervisor's signature: |  |

**Has there been a change in the composition of the Board of Examiners?**

**( ) YES ( )NO**

**Will there be the participation of an External Member to the Board of Examiners through videoconferencing?**

**( ) YES ( )NO**

**If the answer is affirmative, please send by e-mail (****bbio@fcfrp.usp.br****) the final composition and the e-mail addresses of the members who are not participating.**