

**CLINICAL ORALS EXAM**

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STUDENT'S NAME \_\_\_\_\_

DATE: \_\_\_\_\_

EXAM WAS COMPLETED SATISFACTORILY:

EXAM COMMITTEE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Committee consists of two faculty who did not supervise the student on the presented case.**