SCHOOL OF PUBLIC HEALTH
Department of Biomedical Sciences
WADSWORTH CENTER C-236* 473-7553

MS MAJOR FIELD EXAMINATION

TO: Chair, Department of Biomedical Sciences

This memo is to confirm that _____ has
(student)

☐ **PASSED** ☐ **FAILED** (check one)

the masters degree Major Field Examination on _____.
(date)

Committee Members present included (signature of all committee members required):

Committee Chair: _____ _____
(Print Name) *(Signature)*

Track Member: _____ _____
(Print Name) *(Signature)*

*Track Member: _____ _____
(Print Name) *(Signature)*

Dept. Member : _____ _____
(Print Name) *(Signature)*

*Outside: _____ _____
(Print Name) *(Signature)*

_____
(Committee Chair's Signature & Date)

* = Optional

_____
(Academic Committee Chair's Signature & Date)

_____
(Chairman's Signature & Date)

Date Recorded
_____

cc: Committee members
Student