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

QUALIFYING EXAMINATION: PART I

This memo is to confirm that _____ has
(student)

☐ **PASSED** ☐ **FAILED (check one)**

The Qualifying Examination Part I on _____
(date)

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

Member: _____ _____
(Print name) *(Signature)*

Member: _____ _____
(Print name) *(Signature)*

Member: _____ _____
(Print name) *(Signature)*

Member: _____ _____
(Print name) *(Signature)*

Member: _____ _____
(Print name) *(Signature)*

Comments:_____

_____

_____
(Committee Chair's Signature & Date)

_____
(Graduate Academic Committee Chair's Signature & Date)

Date Recorded _____
(Department Chair's Signature & Date)

cc: Mentor
Student