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

# PRELIMINARY EXAMINATION

This memo is to confirm that _____ has
(student)

**PASSED** **FAILED** (circle one)

the Department's preliminary exam on _____.
(date)

Examination Committee Members present included:

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

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

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

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

Comments:

_____
(Committee Chair's Signature & Date)

_____
(Academic Committee Chair's Signature & Date)

_____
(Chairman's Signature & Date)

Date Recorded

cc: Mentor
Student