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

QUALIFYING EXAMINATION PART I

This memo is to confirm that _____ has
(student)

PASSED **FAILED** (circle one)

the Qualifying Examination Part I on _____.
(date)

Examination Committee Members present:

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

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

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

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

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

[ ] Comments attached

_____
(Committee Chair's Signature & Date)

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

_____
(Chairman's Signature & Date)

Date Recorded

cc: Mentor
Student

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