

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

QUALIFYING EXAMINATION: PART II

This memo is to confirm that _____ has
(student)

PASSED FAILED (circle one)

the second part of the Department's qualifying exam on _____.
(date)

Proposal Title: _____

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 Member: _____
(Print Name) (Signature)

Additional: _____
(Print Name) (Signature)

(Committee Chair's Signature & Date)

Scientific Poster Presentation
Research Tool Form Attached

(Academic Committee Chair's Signature & Date)

YES [] NO []

(Chairman's Signature & Date)

Date Recorded

cc: Committee members
Student