

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

RESEARCH TOOL

This memo is to confirm that _____ has presented a poster
(Student)

on _____ and received a grade of **SATISFACTORY** **UNSATISFACTORY**
(date)

Dissertation 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: Committee members
Student

Academic forms\EHS Forms