



### Report of Preliminary Examination

**Please Type**

Date of Exam \_\_\_\_\_ Program \_\_\_\_\_

Major Field \_\_\_\_\_ Minor Field \_\_\_\_\_

Anticipated Graduation Date  Summer  Fall  Spring 20 \_\_\_\_\_

The members of the Graduate Faculty listed below certify that they have examined

\_\_\_\_\_  
Last First Middle

and that the student has passed (P) or failed (F) the examination as indicated.

**Graduate Committee**

Advisor/Member	Signature	Department	P or F

**Committee Recommendations**

The members of the examining committee recommend the following be completed prior to the Final Defense or retaking this examination.

Courses (List Dept. Number and Title)

Other

**Approvals**

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean of the School of Public Health

\_\_\_\_\_  
Date