LSU Health NEW ORLEANS
School of Public Health

Report of Preliminary Examination

Date of Exam _____ Program _____

Major 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

Clear Form