

**QUALIFYING EXAMINATION
NOTICE OF COMPLETION**

Date: _____

Senior Associate Dean for Academic Affairs
The University of Texas School of Public Health
1200 Herman Pressler St., W118A
Houston, Texas 77030

This is to certify that _____ has completed the
qualifying exam.
Student Name I.D. Number

Degree Program: _____ Division: _____

Fill-in relevant dates.

<i>In Class Exam</i>	<i>Take Home Exam</i>	<i>Oral Exam</i>
_____	_____	_____
Date	Pick-Up Date for Exam	Return Date for Exam
_____	_____	_____
Date		Date

Qualifying Exam Committee:

_____	_____
Academic Advisor (SIGNATURE)	(Please print or type name)
_____	_____
Committee Member (SIGNATURE)	(Please print or type name)
_____	_____
Committee Member (SIGNATURE)	(Please print or type name)
_____	_____
Optional Committee Member (SIGNATURE)	(Please print or type name)
_____	_____
Student (SIGNATURE)	(Please print or type name)

Outcome:

- Pass
- Conditional Pass*
- Fail

* List conditions (i.e. courses to be taken, dates of expected completion of each condition, etc.)