

Form II – Completion of Preliminary Exam

Date: _____

Associate Dean for Academic Affairs
 The University of Texas School of Public Health
 1200 Herman Pressler Street, W-238
 Houston, Texas 77030

This is to certify that the following student has completed the preliminary exam.

Student ID	Student Name (as it appears in student records). Last, first, middle)	Exam Date
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Degree Program	Academic Advisor's Name (PRINT)	Division
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Outcome:

- Pass
- Conditional Pass (Please list conditions in the text box below.)

- Fail

EXAM COORDINATOR SIGNATURE	PRINT NAME	DIVISION	DATE
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DIVISION DIRECTOR SIGNATURE	PRINT NAME	DIVISION	DATE
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ASSOCIATE DEAN OF ACADEMIC AFFAIRS SIGNATURE	PRINT NAME	DIVISION	DATE
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