



UMMC

School of Graduate Studies
in the Health Sciences

PhD Qualifying Exam
Form

PhD Qualifying Examination Form

This is to certify that _____ successfully passed the Qualifying
Examination in the _____ Program on _____
Student's Name Graduate Program Date

Qualifying Examination Committee Members:

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Printed Name - Committee Member

Program Director Signature

Date