



**University of Mississippi Medical Center
John D. Bower School of Population Health
Doctoral Qualifying Examination Form**

Student Full Name: _____

Pursuing Degree: **Doctor of Philosophy** in _____

This is to certify that _____, Ph. D. candidate
(candidate's full name)
successfully passed the Qualifying Examination in the _____
(degree program track)
program on _____.
(mm/dd/yyyy)

Qualifying Examination Committee Members:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I certify that all of the committee members whose signatures appear here were present during candidate's Ph. D. Qualifying Examination.

Program Director (signature): _____