

# Doctoral Qualifying Examination Completion Form



Fay W. Boozman  
College of Public Health

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_@uams.edu

Academic Advisor: \_\_\_\_\_

Semester first enrolled in doctoral program (e.g., Fall 2016): \_\_\_\_\_

Program:  DRPH \*  EPI  HPPR  HSSR

*\*DRPH Does Not Require Graduate School Signature*

---

Date passed qualifying exam and advanced to candidacy: \_\_\_\_\_

Doctoral Program (Co)Director: \_\_\_\_\_

Signature/Date

Doctoral Program (Co)Director: \_\_\_\_\_

Signature/Date

Department Chair: \_\_\_\_\_

Signature/Date

Original: Office of the University Registrar

Cc: Student  
Doctoral Program Director(s)  
COPH Office of Student Affairs  
Graduate School