

Doctoral Qualifying Examination Completion Form



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

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