



PhD in Population Health Sciences

Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

PRELIMINARY QUALIFYING EXAM 2 SCHEDULING FORM

Completed form should be signed by the student and their advisor before submitting to your Field of Study Academic Administrator at least three weeks prior to the date of the PQE2. For the procedure on scheduling the exam, please refer to Section 4 of the PHS Handbook, Post-Coursework Requirements & Satisfactory Progress.

PREREQUISITE: APPROVAL OF FINAL PROGRAM; COMPLETION OF REQUIRED PHS AND FIELD OF STUDY COURSEWORK.

TO BE COMPLETED BY STUDENT

STUDENT: _____ **DATE:** _____

FIELD OF STUDY: _____ **ADVISOR:** _____

AREA OF SPECIALIZATION: _____

MINOR 1: _____ **MINOR 2:** _____

PQE LOGISTICS

TITLE: _____

DATE: _____ **TIME:** _____ **LOCATION:** _____

PQE COMMITTEE MEMBERS

Committee Member/Chair

Committee Member

Committee Member

Committee Member (optional)

Required Signatures

Student

____/____/____
Date

Academic Advisor

____/____/____
Date

Field of Study Academic Administrator

____/____/____
Date

PHS Program

____/____/____
Date

cc: Student Academic Advisor Field of Study Academic Administrator PHS Office Student File