

SCHOOL OF PUBLIC HEALTH
Department of Biomedical Sciences
CENTER FOR MEDICAL SCIENCE 2010 *402-2510

MS MAJOR FIELD EXAMINATION

TO: Chair, Department of Biomedical Sciences

This memo is to confirm that _____ has
(student)

☐ **PASSED** ☐ **FAILED** (check one)

the M.S. degree Major Field Examination on _____.
(date)

Committee Members present included (signature of all committee members required):

Committee Chair:	_____ (Print Name)	_____ (Signature)
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Dept. Member:	_____ (Print Name)	_____ (Signature)
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Dept. Member:	_____ (Print Name)	_____ (Signature)
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Dept. Member :	_____ (Print Name)	_____ (Signature)
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Outside Member:	_____ (Print Name)	_____ (Signature)
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(Committee Chair's Signature & Date)

(Academic Committee Chair's Signature & Date)

(Chairman's Signature & Date)