

SCHOOL OF PUBLIC HEALTH  
**Department of Environmental Health Sciences**  
Health Sciences Campus  
George Education Center  
1 University Pl.  
Rensselaer, NY 12144  
473-7553

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**MS MAJOR FIELD EXAMINATION**

TO: Chair, Department of Environmental Health Sciences

This memo is to confirm that \_\_\_\_\_ has  
(STUDENT)

**PASSED**      **FAILED** (check one)

the masters degree Major Field Examination on \_\_\_\_\_.  
(DATE)

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

Committee Chair:	_____	_____
	(PRINT NAME)	(SIGNATURE)

Member:	_____	_____
	(PRINT NAME)	(SIGNATURE)

Member:	_____	_____
	(PRINT NAME)	(SIGNATURE)

Additional:	_____	_____
	(PRINT NAME)	(SIGNATURE)

\_\_\_\_\_  
(COMMITTEE CHAIR'S SIGNATURE)      (DATE)

\_\_\_\_\_  
(ACADEMIC COMMITTEE CHAIR'S SIGNATURE)      (DATE)

\_\_\_\_\_  
(DEPARTMENT CHAIR'S SIGNATURE)      (DATE)

Date Recorded

cc: \_\_\_\_\_  
Committee members  
Student