

**Department of Environmental &  
Public Health Sciences**  
*Graduate Studies Office*



**Doctoral Qualifying Exam Form**

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

UC ID #: \_\_\_\_\_

UC E-mail: \_\_\_\_\_

Program: \_\_\_\_\_

The undersigned have administered the written and oral Ph.D. qualifying examination and

unanimously; or  by majority

Agree that the above-named student:

Passed;  Conditionally passed;  Is required to undergo further examination; or  Failed

**Provide specific requirements hereon if further examination is recommended:**

**Committee Members Signatures:**

1. \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Chair)
2. \_\_\_\_\_ **Date:** \_\_\_\_\_
3. \_\_\_\_\_ **Date:** \_\_\_\_\_
4. \_\_\_\_\_ **Date:** \_\_\_\_\_
5. \_\_\_\_\_ **Date:** \_\_\_\_\_
6. \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official Candidacy Date:** \_\_\_\_\_