



SCHOOL OF PUBLIC HEALTH

Formation of Comprehensive Exam Committee

(PhD Community Health and PhD Health Systems and Policy only)

PART I: Student Information

Student Name _____

Student ID _____

Program _____

PART II: Examination Details

Written Examination: Exam will be emailed to student prior to start time. Completed examination should be emailed to all members of the examination committee and the Program Administrator at SPHregistration@ohsu.edu.

Exam begins: _____, _____ at _____.
Day Date Time

Exam ends: _____, _____ at _____.
Day Date Time

Oral Examination

Oral Exam will be held on : _____, _____ at _____ in _____.
Day Date Time Location

PART III: Committee Members

	Name	Signature	Date
Chair			
Member			
Member			
Member			

PART IV: Program Approval

Program Director _____

Signature _____

Date _____