



SCHOOL OF PUBLIC HEALTH

Report on Comprehensive Examination

PART I: Student Information

Student Name _____

Student ID _____

Program _____

PART II: Examination Results

Written Exam Dates: _____

Oral Exam Date: _____

Results				
Committee Members			Result	
	Name	Signature	Pass	Fail
Chair				
Member				
Member				
Member				

Overall Result: ___ Pass ___ Fail (Choose one only)

PART III: Program Approval

Program Director _____

Signature _____

Date _____

Submit final copy to sphregistration@ohsu.edu for student file.