

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF ALABAMA AT BIRMINGHAM
NOTIFICATION OF QUALIFYING EXAM RESULTS

TO _____
STUDENTS NAME SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP

We, the undersigned, report that you have completed your qualifying exam with the following results:

Date of exam: _____

	<u>EXAM SECTION</u>	<u>GRADE/SCORE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

OVERALL SCORE: _____

CHECK ONE:

_____ You passed the exam and are eligible to apply for candidacy.;

_____ You did not pass sections(s) _____ and must retake this/these sections(s)

You must complete the following remedial work:

Signed:

Committee Chair Date

Academic Affairs Dean Date