



Department of Environmental Health
Graduate Studies Office
University of Cincinnati
PO BOX 670056
Cincinnati, OH 45267-0056
Kettering Lab Complex
160 Panzeca Way
(513) 558-5704

REPORT OF DOCTORAL QUALIFYING EXAMINATION

The undersigned have administered the written and oral Ph.D. qualifying examination and ____ (unanimously), ____ (by majority) agree that _____
____ (passed), ____ (conditionally passed), ____ (is required to undergo further examination), ____ (failed)*

_____, Chair

* Delete portions which are not applicable

Provide specific requirements hereon if further examination is recommended.

_____ DATE