Department of Environmental Health Graduate Student Assessment

Student Name: **Today's Date:**

Program: Admit Term:

Date of last committee meeting, with report of that meeting on file:

Date qualifying examination passed:

Candidacy date (accomplished or anticipated):

Dissertation defense date (accomplished or planned):

Expected date of graduation:

Advisor Comments:

Student Comments:

Student Signature _____

Advisor Signature _____

Date:_____

Student, retain original form. Please copy the Graduate Studies Office, Room 127, ehgrad@ucmail.uc.edu.