



College of Public Health

UNIVERSITY OF OKLAHOMA
COLLEGE OF PUBLIC HEALTH

APPLICATION FOR THE GENERAL EXAMINATION DOCTORATE OF PUBLIC HEALTH DEGREE

This application must be signed by the applicant and all members of the Examining Committee and submitted to the College of Public Health, Office of Student Services, at least two weeks prior to the examination.

I HEREBY APPLY TO THE COLLEGE OF PUBLIC HEALTH FOR PERMISSION TO TAKE THE GENERAL EXAMINATION.

Candidate Name (please print)

Month, Day and Year of Exam

Student ID No.

1. List any changes from the Advisory Conference Report. If none, write none.

Candidate (signature)

Date of Submission

We, the members of the above named student's Examining Committee, have examined this application and recommend that the student be permitted to appear for the General Examination.

Chair (signature)

Committee Member (signature)

Committee Member (signature)

Committee Member (signature)

Committee Member (signature)

Committee Member (signature)