



School of Allied Health and Life Sciences  
Master of Public Health

**MPH COMPREHENSIVE EXAM CERTIFICATION FORM**

This form is to be completed at the conclusion of the grading of all sections of the MPH Comprehensive Examination. The form must be signed by Dr. George Stewart, Director MPH Program, and the MPH Academic Advisor.

\_\_\_\_\_ **UWF STUDENT ID**

\_\_\_\_\_ **DATE OF EXAM**

<b>CORE AREA</b>	<b>SCORE</b>
<b>BIostatISTICS</b>	
<b>EPIDEMIOLOGY</b>	
<b>HEALTH CARE POLICY AND ADMINISTRATION</b>	
<b>ENVIRONMENTAL HEALTH</b>	
<b>SOCIAL AND BEHAVIORAL SCIENCES IN PUBLIC HEALTH</b>	

**TOTAL:** \_\_\_\_\_

**Final Comprehensive Exam grade: ( \_\_\_\_\_ / 500 ) = \_\_\_\_\_ %**  
**Final Assessment:**

**Pass**    **Fail**

**CERTIFICATION SIGNATURES:**

\_\_\_\_\_ **MPH ACADEMIC ADVISOR**

\_\_\_\_\_ **DATE**

\_\_\_\_\_ **MPH PROGRAM DIRECTOR**

\_\_\_\_\_ **DATE**