PhD in Health Education Program School of Population Health University of Toledo

Please turn this form to the **Program Director**

Declaration to Take Doctoral Comprehensive/Qualifying Examination

Note:

Today's date

- 1. Student must declare by the end of the semester prior to the semester when s/he takes the comprehensive/qualifying exam. For Fall semesters, this form is due by the last class day of Summer Session I. For Spring semesters, this form is due by the last class day of the prior Fall semester.
- 2. The exam is only given during (no summer semester)
 - a. Fall semester: 2nd and 3rd weeks of September
 b. Spring semester: 1st and 2nd weeks of February
- 3. Competency-based exam will be required for the students admitted since Summer 2016.

Intended semester of

Student name		Academic Committee Chair	
Courses covered	Course number & title	Semester taken	Instructor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8. 9.			
9.			
I certify all courses (minimum 60 credit hours by the minimum credits of each category) are completed with C or higher in each course with the cumulative GPA above 3.0. All IN (incomplete) and PR (in progress) grades are removed (except HEAL 8960 Doctoral Research Dissertation).			
Student Signature		Date	
Academic Committee Chair Signature		 Date	