

**DEPARTMENT OF EPIDEMIOLOGY
COLLEGE OF PUBLIC HEALTH**

Ph.D. Comprehensive Examination Intent Form

Date: _____

Student Name: _____

Address: _____

Phone Number: _____

Academic Adviser: _____

Other members
of committee: _____

Epidemiology specialty area: _____

Intended date of oral exam: _____

Signature of Student

Signature of Adviser

Copy to Adviser, Graduate Coordinator, Department Head