



University of West Florida
School of Allied Health and Life Sciences
Master of Public Health Program
COMPREHENSIVE EXAM REGISTRATION FORM

Students who intend to take the Comprehensive Exam for the MPH degree must complete the items below and submit this form to MPH Program Director, Dr. George Stewart, Building 58, 11000 University Parkway, Pensacola, FL 32514 or fax to (850) 474-2749. The form must be submitted no later than the second week of the semester in which the student intends to take the exam. The exam will be scheduled within 60 days of the request. Students who fail to meet this requirement will not be eligible to take the comprehensive exam until the following semester. Students within UWF's geographic area must complete the exam requirement at UWF. Students outside the geographic area of UWF must also attach a Proctor Approval Form.

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STUDENT NAME TELEPHONE E-MAIL

MAILING ADDRESS

SEMESTER/YEAR OF EXAM REQUEST DATE

Fill in all core courses completed with the semester of course completion and grade received.

COURSE		SEMESTER/YEAR	GRADE
STA 5176 Biostatistics			
PHC 6000 Epidemiology for Public Health Professionals			
PHC 5410 Social and Behavioral Sciences in Public Health			
HSA 5115 Public Health care Policy and Administration			
PHC 6018 Survey of Environmental Problems			
PICK ONE	PHC 6015 Epidemiological Study Design and Statistical Methods		
	PHC 6196 Computer Applications in Public Health		

PHC 6946 Internship in Public Health (check one) Completed In Progress Not Started

STUDENT SIGNATURE: _____

FOR DEPARTMENTAL USE ONLY

Permission:	Granted _____	Denied _____
Within UWF's Geographic Area:	Yes _____	No _____
Comments:		

APPROVAL SIGNATURES:

MPH ACADEMIC ADVISOR DATE MPH PROGRAM DIRECTOR DATE