



School of Allied Health and Life Sciences
Master of Public Health Program
COMPREHENSIVE EXAM SCHEDULING FORM

STUDENT NAME

UWF-ID #

Mr. / Ms. _____, your application to sit for the School of Allied Health and Life Sciences' Master of Public Health comprehensive examination has been approved and scheduled for the date below. Students within UWF's geographic area must complete the exam requirement at UWF. Students outside the geographic area of UWF must have an approved **Proctor Approval Form** on file prior to exam scheduling.

WITHIN UWF'S GEOGRAPHIC AREA: YES ____ No ____

PROCTOR APPROVAL FORM: REQUIRED ____ NOT APPLICABLE ____ (AT UWF SITE)

EXAM SCHEDULED: YES ____ No ____ (PENDING PROCTOR APPROVAL)

EXAMINATION DATE: _____

EXAMINATION TIME: _____

EXAMINATION LOCATION: _____

MATERIALS: Please bring the items checked below with you to the exam.

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| <p><input checked="" type="checkbox"/> Two forms of identification (ID)</p> <ul style="list-style-type: none"><input type="checkbox"/> one must be a government-issued photo ID<input type="checkbox"/> a secondary form of identification can be any of the following: a major credit card in the name of the student, military ID card, passport or UWF student ID/Nautilus card<input type="checkbox"/> Please note: Social security cards are not acceptable for identification. <p><input checked="" type="checkbox"/> Basic Scientific Calculator</p> |
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APPROVAL SIGNATURES:

MPH PROGRAM DIRECTOR

DATE