Comprehensive MPH Exam Registration Form

To register for the Comprehensive MPH Exam, students must be enrolled in PH 645A,B,C, or D. Students must complete and submit this form either in person or by fax to their faculty advisor by the registration deadlines specified for each academic session. (Note: The Public Health Program Office fax number is 707/638-5871.)

Student Name: ____________________________________________
Current Mailing Address: ___________________________________
Current Telephone #: _______________________________________
Current Email: ____________________________________________
Faculty Advisor: __________________________________________

Please note that ALL notifications will be sent to the email address provided above.

Please complete the following:

Exam Term (check one): FALL ☐ SPRING ☐ SUMMER ☐ Exam Year: ___________
Degree Option (check one): MPH ☐ JOINT MSPAS/MPH ☐ DO/MPH ☐ PHARM/D/MPH ☐
MPH Specialization Track (check one): Community Health ☐ Global Health ☐
I will be taking the upcoming exam for the: First Time ☐ Second Time ☐

If you will be taking this exam for a second time, please indicate which section of the exam you plan to retake: Multiple Choice ☐ Essay ☐ Both Multiple Choice and Essay ☐

To be completed by the student’s faculty advisor:

Approval

________ Yes __________ No

Advisor’s Signature: _________________________________________

Date: _____________________________________________________