



GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCE

PHD COMPREHENSIVE DATE APPROVAL FORM

Name of Candidate: _____

Proposal Title: _____

Advisor: _____ Track: _____

DATE OF COMPREHENSIVE EXAM*: _____

TIME OF COMPREHENSIVE EXAM: _____

LOCATION OF COMPREHENSIVE EXAM: _____

MEMBERS OF THE COMPREHENSIVE EXAM COMMITTEE:

PRINTED NAME

***ATTACH ABSTRACT OF GRANT PROPOSAL AND SUBMIT ALONG WITH THIS FORM TO THE DIRECTOR, GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCES, NO LATER THAN THREE WEEKS PRIOR TO DATE OF EXAM.**

Bailey Tobias, MEd Date
Director, Graduate Program
Pharmaceutical Science

Kerry M. Empey, PharmD, PhD Date
Associate Dean
Graduate and Postdoctoral Programs