

GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCE

PHD COMPREHENSIVE EXAMINATION REPORT

Name of Candidate:

Proposal Title:					
Advisor:	Trac	ck:	k:Date:		-
MEMBERS OF THE COMPR	EHENSIVE EXAM COM	IMITTEE*:			
PRINTED NAME	SIGNATURE	PASS	REMEDIAL* (DOCUMENT ONLY)	REMEDIAL** ORAL REMEDIATION REQUIRED)	FAIL
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* When the oral defense is a student as passed and withl document to the committee	hold the final signature	of the comm	ittee chair until the s	tudent presents the se	
** If the committee determinations should be condecision of the committee is	isulted; appropriate ac	tion is to be d	determined and noted	d in the "Comments"	section below. If t
Comments of the Committee	ee (use back of page if r	necessary):			
CERTIFICATION:					
M. Maggie Folan, PhD Director, Graduate Program Pharmaceutical Science	Date	Associ	M. Empey, PharmD, Pl ate Dean ate and Postdoctoral Pr		