

**PHARMACOLOGY DEPARTMENT
CANDIDACY EXAMINATION FORM**

This form is due to Jolene by April 1st.

STUDENT'S NAME: _____ DATE: _____

MENTOR

(Name) (Title) (Department)

PROPOSAL TOPIC

THE EXAMINATION COMMITTEE will be comprised of five faculty: three members of the Pharmacological Sciences Training Grant mentors and two members of the Graduate Committee. Please list below the faculty members that you and your mentor have selected to serve on your Examination Committee. (The final decision for all Examination Committee members resides with the Graduate Committee.)

	Name	Title	Department
1.	PSTG Mentor	_____	_____
	<i>Expertise</i>	_____	_____
2.	PSTG Mentor	_____	_____
	<i>Expertise</i>	_____	_____
3.*	PSTG Mentor	_____	_____
	<i>Expertise</i>	_____	_____
4.	Grad. Comm.	_____	_____
	<i>Expertise</i>	_____	_____
5.	Grad Comm.	_____	_____
	<i>Expertise</i>	_____	_____

* Occasionally there is a compelling reason to include a faculty member who is neither a mentor on the PSTG nor a member of the Graduate Committee. If you would like to request inclusion of such an outside examiner in lieu of a third PSTG mentor, please provide the name, title, and area of expertise for this person here:

GRADUATE COMMITTEE USE ONLY

- This Candidacy Examination form is approved and requires **no changes**.
- This Candidacy Examination form is approved **with the following changes:**

Signature of Graduate Advisor

Date

**REMEMBER to set your EXAMINATION DATE as soon as the Graduate Committee approves this form.
WRITTEN PROPOSALS are due to your committee at least TWO WEEKS PRIOR TO THE EXAMINATION DATE.**