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| Student’s Name: | | |  | | Date: |  | | |
| Mentor: | | |  | | | | | |
|  | | | (Name) | (Title) | | | (Department) | |
| Proposal Topic: | | |  | | | | | |
| The Examination Committee will be comprised of five faculty: three preceptors from the Pharmacological Sciences Training Grant and two members of the Pharmacology 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 Director of Graduate Studies.  **Expectations of Committee members:**  **We ask that all committee members agree to provide NIH-style Feedback on Written Proposal**  The Examination Committee will receive the Written Proposal no fewer than six weeks prior to the Oral Defense date. Two weeks after receiving the Written Proposal, the Examination Committee will provide the student with formal feedback in the form of standard, NIH proposal reviewer comments. Reviewers will use the NIH Style Reviewer Feedback Form (See Appendix C) to submit their feedback to the Exam Chair. The comments will address the following aspects of the proposal: (1) Significance, (2) Approach, and (3) Writing Quality. The reviewers are instructed to take into consideration the requirement for an expansive aim that is outside the lab’s primary areas of expertise. | | | | | | | | |
|  | |  | **Name** | **Title** | | | **Department** | |
| 1. | | PSTG Member |  | | | | | |
|  | | *Expertise* |  | | | | | |
| 2. | | PSTG Member |  | | | | | |
|  | | *Expertise* |  | | | | | |
| 3.\* | | PSTG Member |  | | | | | |
|  | | *Expertise* |  | | | | | |
| 4. | | Grad. Comm. |  | | | | | |
|  | | *Expertise* |  | | | | | |
| 5. | | Grad. Comm. |  | | | | | |
|  | | *Expertise* |  | | | | | |
| \*Occasionally there is a compelling reason to include a faculty member who is neither a PSTG preceptor nor a member of the Pharmacology Graduate Committee. To request an outside Examiner in lieu of a third PSTG preceptor, please provide the name, title, and area of expertise for this person below: | | | | | | | | |
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| Pharmacology Graduate Committee Use Only | | | | | | | | |
| This Candidacy Exam Form is approved and requires **no changes.**  This Candidacy Exam Form is approved **with the following changes:** | | | | | | | | |
|  |  | | | | | | |  |
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|  |  | | | |  | | |  |
|  | Signature (Director of Graduate Studies) | | | | Date | | |  |