

Graduate Group in Pharmacology & Toxicology

Request for Ph.D. Oral Qualifying Examination Committee

(Return to the JudyErwin, PTX Graduate Assistant)

 First Name Middle Name Last Name

 Student Email Address

 Current Mailing Address

 Student ID Number

 City State Zip Code

 Graduate Program

 Major Professor

 Proposed Examination Date

NOTE: To be eligible for examination you must have satisfied all group requirements (e.g., course work, teaching experience, lab rotations), have removed all deficiencies and must have at least a "B" average in all work undertaken in graduate standing.

Prerequisite Admission Requirements	Grade	Units	Elective Block Courses	Grade	Units
<i>(list course, qtr. - written justification must accompany waivers)</i>					
Biochem _____	_____	_____	Exp. Statistics, upper division level statistics or equivalent		(2)
Biochem Lab _____	_____	_____	Molecular, physiological and/or morphological sciences		(5)
Physiology _____	_____	_____	_____		
Other _____	_____	_____	_____		

Required Core Course Block

PTX 201 - Principles of Pharm/Tox _____	_____	_____			
PTX 202 - Principles of Pharm/Tox _____	_____	_____			
PTX 203 - Principles of Pharm/Tox _____	_____	_____	Advanced graduate courses in Pharm and/or Tox		(8)
PTX 290 - Seminar (list quarters)		(4)	_____		
1. _____			_____		
2. _____			_____		
3. _____			_____		
4. _____			_____		
Additional Seminars (list quarters)		(2)	_____		
1. _____			_____		
2. _____			_____		

Lab Rotations	Eval.	Units
(list quarters & faculty member)	Form	(10)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience	Qtr.	Units
(list courses)		

_____	_____	_____
_____	_____	_____
_____	_____	_____

Research	Grade	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name _____ Date _____

Are you doing a Designated Emphasis? (Yes) (No) – if “yes”, which one _____

Suggestions for Committee (please list 3 individuals who have agreed to serve on your oral Qualifying Exam Committee.

<i>Name</i>	<i>Title (Asst., Assoc., Adjunct Prof, etc.)</i>	<i>Dept.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you in a designated emphasis? Yes No If yes, name the program: _____

Please indicate which of the three faculty members named above are in the designated emphasis program:
If none – the CEP Committee will assign 1 member of your committee from your designated emphasis program.

Proposed date of examination _____

Comments:

We certify that this student has met all graduate group requirements and is prepared to take the qualifying examination:

Major Professor

Graduate Adviser

For Use by Graduate Group Office and CEP Only

CEP Members: Please indicate below your choice of committee chair and also 4 additional members for this student’s oral qualifying committee and return this form to the Graduate Group Office in the Department of Environmental Toxicology.

<i>Name of Chair</i>	<i>Additional members on Qualifying Exam Committee</i>
-----	1. -----
	2. -----
	3. -----
	4. -----

Comments:

Signed: _____
Chair, PTX CEP

Date _____

Proposed Research Project Title:

Brief Description of Project (4-5 sentences max):