

Graduate Group in Pharmacology & Toxicology
Request for Ph.D. Oral Qualifying Examination Committee

Please return this form to the PTX Graduate Program Coordinator, Katharine Moffat (kmoffat@ucdavis.edu)

First Name	Middle Name	Last Name	Date	Student ID Number
Student Email Address			Student Cell Phone Number	
Major Professor Name			Graduate Advisor Name	

NOTE: To be eligible for the oral Qualifying Examination, you must have satisfied all PTX requirements (refer to the Degree Requirements document here: <https://programs.gs.ucdavis.edu/api/doc/3622>), have removed all prerequisite deficiencies (if applicable), and must have earned at least a “B” average in all work undertaken in graduate standing.

Instructions: In the following section, please list the course(s) taken to meet PTX requirements.

Outstanding Prerequisite Admission Requirements (if applicable):

	<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>
	Biochemistry			
	Physiology			
	Other			
	Other			

Required Core Courses (17 total units required):

	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>
<i>PTX 201</i>			
<i>PTX 202</i>			
<i>PTX 203</i>			

<i>Statistics Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

Laboratory Rotations (at least 6 total units required)

<i>Faculty Member Name</i>	<i>Quarter</i>	<i># of Units</i>

Course in Scientific Ethics (Check one – at least 1 unit required)

PTX 290C (UCD Research Ethics: RCR Program Certificate Completion)

OR

Alternative Ethics Course (List Course Title and Quarter Taken): _____

Seminar Requirement (at least 6 total units required)

<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

Graduate Courses in Pharmacology/Toxicology – “Depth Electives” (at least 8 total units required)

<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

Advanced Graduate Level Coursework – “Breadth Electives” (at least 5 total units required)

<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

Teaching Experience (1 quarter required)

<i>Course Title</i>	<i>Quarter</i>	<i># of Units</i>

Designated Emphasis

If you are completing a Designated Emphasis, please list program name: _____

Proposed Date of Examination: _____

Proposed Research Project Title:

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

Suggestions for Committee Membership: Please list 3 individuals who have agreed to serve on your oral Qualifying Exam Committee. If you are completing a Designated Emphasis, please indicate which of the 3 individuals named represent the DE program. If none, CEP will assign 1 member of your committee from the DE program.

<i>Name</i>	<i>Title</i>	<i>Department</i>

Signatures: *We certify that this student has met all graduate group requirements and is prepared to take the oral Qualifying Exam.*

_____ *Major Professor*

_____ *Graduate Advisor*

CEP/Graduate Group Use Only

CEP Members: Please indicate your choice of committee chair and 4 additional members for this student’s oral Qualifying Committee. The CEP Chair will confirm selections and notify the student and committee members.

_____ *Name of Committee Chair*

_____ *Additional QE Committee Members Assigned*

_____ *CEP Chair Signature*

_____ *Date*