

**Advisory Committee
Doctoral Program
Department of Pharmacology
Graduate Program**

(Name of Student)

(Degree)

Major Advisor:

(Printed Name)

(Signature/Date)

Co-Advisor (if applicable):

(Printed Name)

(Signature/Date)

Committee Members:

(Printed Name)

(Department)

(Signature/Date)

(Printed Name)

(Department)

(Signature/Date)

(Printed Name)

(Department)

(Signature/Date)

(Printed Name)

(Department)

(Signature/Date)

(Printed Name)

(Department)

(Signature/Date)

Original to: Graduate Director Pharmacology Department