

**DEPARTMENT OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES**

***Comprehensive Qualifying Exam Approval***

DATE: \_\_\_\_\_

The following is to certify that \_\_\_\_\_ has successfully completed the written and oral portions of the doctoral comprehensive exam.

***Advisory Committee***

Chair _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature