

**DEPARTMENT OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES**

***Plan Of Study Approval***

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

Program and Degree Sought: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

The signatures below signify approval of the attached Plan of Study. Changes in the Plan of Study require re-approval by the Advisory Committee and the Program Director.

APPROVED:

***Advisory Committee***

Chair \_\_\_\_\_  
Name (print) Signature

Member \_\_\_\_\_  
Name (print) Signature

Member \_\_\_\_\_  
Name (print) Signature

Member \_\_\_\_\_  
Name (print) Signature

Member \_\_\_\_\_  
Name (print) Signature

\_\_\_\_\_  
Student Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Director Date: \_\_\_\_\_