Molecular and Cellular Pharmacology
Preliminary Examination Form

The student should fill in the courses and professional development sections of this form prior to the meeting. The remainder of the form is to be completed by the Thesis Committee at the meeting.

Student Name: ___________________________ Date: ______________________

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<th>Courses Completed: (List most recent courses first)</th>
<th>Date Completed</th>
<th>Grade</th>
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<th>Courses to be Taken:</th>
<th>Intended Date</th>
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Comments regarding previous coursework or additional areas of specialization needed:
Professional Development

List in chronological order all honors and presentations given in the past year:
Include date, event, and title of seminar/presentation.

List in chronological order all publications in the past year:
Include publications submitted or in preparation as well as abstracts for professional meetings.

List your Professional Development Progress in the Past Year:
Please list things that have gone well, as well as any areas of difficulty or obstacles that you have encountered related to your professional/career development over the past year. What resources would be helpful to you in order to meet your goals? What help/advice do you need from your committee members?

List your professional/career development goals for the upcoming year:
These goals can include things such as: increasing/enhancing knowledge on a specific research topic or technique of interest to you, enhancing leadership/mentoring skills, improving oral or written presentation skills, developing career direction plans, etc. Please discuss these goals with your thesis committee at the meeting, as they can offer advice.
The Thesis Committee confirms that ____________________ has completed the course requirements for the MCP Program.

FEEDBACK / COMMENTS About the Preliminary Exam:

Please check one box regarding the committee’s decision about the student’s performance on the Preliminary Exam. It is REQUIRED that one of the options be selected as a unanimous decision by the committee:

☐ Pass

☐ Written Revisions Required (Please state what revisions are necessary and the completion deadline for these revisions; use the back side of this form if additional space is needed.)

REVISIONS to be completed by __________________________
             (Date)

☐ Written Revisions & A Repeat of Oral Defense Required (Please state what revisions are necessary and the completion deadline for these revisions; use the back side of this form if additional space is needed.)

REVISIONS to be completed by / date of next meeting________________________
             (Date)

☐ Fail (In granting a Fail, the committee must state their recommendations to the student as to the next step. See the Preliminary Exam section of the MCP Handbook for suggestions.)

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 Signature of Thesis Advisor                              Date

Signatures of Thesis Committee Members:

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