



Molecular and Cellular Pharmacology Graduate Training Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Curriculum Certification Form

It is recommended that students complete this form by the end of their second year and it is **required** that the form be completed before a student can request their preliminary exam warrant. The form can and should be completed before the student has finished course work. Students are allowed to make changes to their proposed course work.

Name: _____ Date: _____

ID#: _____ Graduate Degree Start Term: _____

Advisor: _____

Education Background

Degree	Institution	Major	Dates Attended

Approved by Thesis Committee

Date: _____

Signature of Thesis Advisor:

Signatures of Thesis Committee Members:
