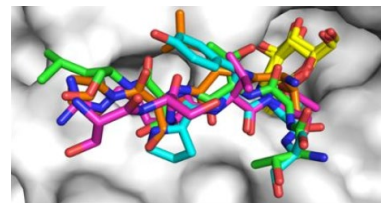


PRELIMINARY EXAM FORM

UW-Madison Graduate Program in Pharmaceutical Sciences



Student name: _____

Date: _____

PART 1: COURSEWORK

The student should consult with the Director of Graduate Studies or Graduate Program Manager to confirm that all course work requirements have been met.

Signature of DGS or GPM indicating this requirement has been fulfilled

PART 2: PRELIMINARY EXAM

It is required that one of the options be selected as a unanimous decision by the Committee (please provide feedback also, attach an additional page if needed):

Pass

Written Revisions Required (Please state what revisions are necessary and the completion deadline for those revisions; attach an additional page if more space is needed). REVISIONS are to be completed by _____.

Written Revisions Required & A Repeat of Oral Defense Required (Please state what revisions are necessary and the completion deadline for those revisions; use page 2 of this form if additional space is needed). REVISIONS are to be completed by/date of next meeting: _____.

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 Pharm Sci PhD Handbook for suggestions; attach an additional page if more space is needed).

PRELIMINARY EXAM FORM – page 2

PART 3: RESEARCH

1. Does the committee feel the student has made satisfactory progress in research? **YES** **NO**
2. Please provide feedback about research progress here (attach an additional page if more space is needed):

PART 4: LEARNING GOALS

The learning goals for the program are:

- Identify important research questions, formulate testable hypotheses, and design experiments to test those hypotheses
- Conduct research that contributes to the student's field of study
- Communicate scientific knowledge and research results effectively to a range of audiences
- Apply ethical principles in conducting scientific research

1. Does the committee feel the student has made appropriate progress in these areas? **YES** **NO**
2. If the committee has any additional recommendations about student progress in these areas not covered above, please provide them here (attach an additional page if more space is needed):

PART 5: CAREER DEVELOPMENT

Students are expected to have an individual development plan (IDP).

1. Did the student have the opportunity to discuss their career development plans? **YES** **NO**
2. If the committee has any additional recommendations about career development activities, please provide them here (attach an additional page if more space is needed):

PRELIMINARY EXAM FORM – page 3

PART 6: STUDENT/COMMITTEE DISCUSSION

The student should have a discussion with the committee with the Advisor(s) out of the room to have the opportunity to discuss any concerns they may have.

- 1) The committee confirms this discussion occurred: **YES** **NO**

PART 7: UPDATES

If there is anything else the student would like the committee to know please describe here (honors, awards, challenges, concerns, etc.; attach additional pages if more space is needed):

Approved on: _____

Signature of Thesis Advisor

Signature of Student

Signature of Thesis Committee Member

Signature of Thesis Committee Member

Signature of Thesis Committee Member

Signature of Thesis Committee Member
(5th member – optional)