# **Pharmaceutical Sciences Graduate Student Final Check List**

**(TO BE COMPLETED BEFORE SEEKING SIGNATURES)**

**STUDENT INFORMATION**

Student Name:

Student ID Number:

Thesis Advisor:

Degree Obtained:

Date of Graduation:

**ACTIVITIES AND FORMS TO BE COMPLETED / SUBMITTED to the Grad Program Director or Dept Chair**

❑ **Thesis Defense Exam Evaluation Form**

Submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Name Signature

❑ **Graduate Student Final Summary Report**

Submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Name Signature

❑ **Exit interview with Director of Pharmacy Graduate Programs (or Department Chair)**

on \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature

**NOTES**

**Please submit this form to the Graduate Program Director or Department Chair when you ask for their signature.**

**The professor you meet with for an exit interview can receive forms and sign all of the above sections.**