# **Graduate Student Summary Report**

**OSU Pharmaceutical Sciences**

Student Name:

Student ID Number:

Major Professor:

Degree Obtained:

Date of Graduation:

Papers published (full citation):

Papers submitted:

Manuscripts in preparation:

Regional and national meetings attended and source of funding:

Honors/fellowships/awards received:

Post-graduation employment plans:

Other comments/suggestions you would like to share with us:

Please return this form to your advisor and as email attachment to Dr. Kerry McPhail ([kerry.mcphail@oregonstate.edu](mailto:kerry.mcphail@oregonstate.edu)).