

**Graduate Group in Pharmacology & Toxicology  
Request for Ph.D. Oral Qualifying Examination Committee**

*Please return this form to the PTX Graduate Program Coordinator, Christee Rubio ([clrubio@ucdavis.edu](mailto:clrubio@ucdavis.edu))*

\_\_\_\_\_  
First Name      Middle Name      Last Name      Date      Student ID Number

\_\_\_\_\_  
Student Email Address

\_\_\_\_\_  
Student Cell Phone Number

\_\_\_\_\_  
Major Professor Name

\_\_\_\_\_  
Graduate Advisor Name

**NOTE:** To be eligible for the oral Qualifying Examination, you must have satisfied all PTX requirements (refer to the Degree Requirements document here: <https://programs.gs.ucdavis.edu/api/doc/3622>), have removed all prerequisite deficiencies (if applicable), and must have earned at least a “B” average in all work undertaken in graduate standing.

**Instructions:** In the following section, please list the course(s) taken to meet PTX requirements.

**Outstanding Prerequisite Admission Requirements (if applicable):**

	<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>
	Biochemistry			
	Physiology			
	Other			
	Other			

**Required Core Courses (17 total units required):**

	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>
<i>PTX 201</i>			
<i>PTX 202</i>			
<i>PTX 203</i>			

<i>Statistics Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

**Laboratory Rotations (at least 6 total units required)**

<i>Faculty Member Name</i>	<i>Quarter</i>	<i># of Units</i>

**Course in Scientific Ethics (Check one – at least 1 unit required)**

PTX 290C (UCD Research Ethics: RCR Program Certificate Completion)

OR

Alternative Ethics Course (List Course Title and Quarter Taken): \_\_\_\_\_

**Seminar Requirement (at least 6 total units required)**

<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

**Graduate Courses in Pharmacology/Toxicology – “Depth Electives” (at least 8 total units required)**

<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

**Advanced Graduate Level Coursework – “Breadth Electives” (at least 5 total units required)**

<i>Course Title</i>	<i>Grade</i>	<i>Quarter</i>	<i># of Units</i>

**Teaching Experience (1 quarter required)**

<i>Course Title</i>	<i>Quarter</i>	<i># of Units</i>

**Designated Emphasis**

If you are completing a Designated Emphasis, please list program name: \_\_\_\_\_

---

**Proposed Date of Examination:** \_\_\_\_\_

**Proposed Research Project Title:**

**Brief Description of Project (4-5 sentences max):**

**Suggestions for Committee Membership:** Please list 3 individuals who have agreed to serve on your oral Qualifying Exam Committee. If you are completing a Designated Emphasis, please indicate which of the 3 individuals named represent the DE program. If none, CEP will assign 1 member of your committee from the DE program.

<i>Name</i>	<i>Title</i>	<i>Department</i>

**Signatures:** *We certify that this student has met all graduate group requirements and is prepared to take the oral Qualifying Exam.*

\_\_\_\_\_

*Major Professor*

\_\_\_\_\_

*Graduate Advisor*

**CEP/Graduate Group Use Only**

CEP Members: Please indicate your choice of committee chair and 4 additional members for this student’s oral Qualifying Committee. The CEP Chair will confirm selections and notify the student and committee members.

*Name of Committee Chair*

\_\_\_\_\_

*Additional QE Committee Members Assigned*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*CEP Chair Signature*

\_\_\_\_\_

*Date*