



Integrated Pharmaceutical Medicine

Candidacy Exam Signature Page

Date:	
Candidate:	
Advisor:	
Committee member 1:	
Committee member 2:	
Committee member 3:	
Title of proposal: (please submit a copy of exam document with this signature page)	

For advisor and each committee member, indicate exam result:

Pass Conditional Pass* Fail

Name of Member (Print) _____ Signature _____

Name of Member (Print) _____ Signature _____

Name of Member (Print) _____ Signature _____

Name of Member (Print) _____ Signature _____

* If conditional pass, indicate what the recommended conditions are and the timeline in which they are to be completed.

Please return Signature Page and Copy of Exam (final form) to [IPM Program Director\(s\)](#)