THE UNIVERSITY OF ARIZONA

DEPARTMENT OF IMMUNOBIOLOGY
College of Medicine

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APPROVAL OF PLAN OF STUDY – DOCTORAL PROGRAM

Student's Name_____

The Graduate College Plan of Study should identify: (a) graduate level courses already completed at the University of Arizona which the student intends to apply toward a graduate degree (b) additional graduate level courses the student plans to complete to fulfill degree requirements, and c) graduate level courses the student intends to transfer from other institutions.

_____
Director Graduate Education Program Date

BY MY SIGNATURE BELOW, I AFFIRM THAT:

1. I have read the Plan of Study to be submitted to Graduate College.
2. I have found it to be complete.
3. I have found it meets the student's track course requirements as well as the Graduate College's course work requirements for graduation.
4. I confirm I have consulted with the other members of the student's committee and we are in agreement that the student's Plan of Study is acceptable.

Approved by:

_____ _____
Major Advisor Date Committee Member Date

_____ _____
Committee Member Date Committee Member Date

_____
Committee Member Date

Revised 08/25/08