

**Dept. of Pharmacological and Pharmaceutical Sciences**

**University of Houston, College of Pharmacy**

**COMPLETION OF WRITTEN QUALIFYING EXAM**

This is to certify that \_\_\_\_\_  
Print student name

has passed the Written Qualifying Exam for the Doctor of Philosophy degree in  
(circle one) Pharmacology.      Pharmaceutics.      Medicinal Chemistry.

Advisor \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_