



The University of Texas at Austin
Research & Graduate Studies
College of Pharmacy

Milestone Completion Form

Student Name: _____ EID: _____

Date: _____ Division: _____

MS ___ Ph.D. ___

Qualifying exam ___ **Proposal** ___ **Final Defense** _____

Major Professor

print name

signature

Committee Member

print name

signature

Committee Member

print name

signature

Committee Member

print name

signature

Pass **Yes** _____ **No** _____ **Conditional** _____