

**Written Part of the Candidacy Exam in the
Division of Medicinal Chemistry & Pharmacognosy,
College of Pharmacy,
The Ohio State University**

Student Name:

Exam: 1 2

Pass

Fail

1) Advisory Committee Member

Signature, Date

2) Advisory Committee Member

Signature, Date

3) Advisory Committee Member

Signature, Date

**4) Advisory Committee Member
(ADVISOR)**

Signature, Date

(The date of the advisor signature is the official date of the completion of the written portion of the candidacy exam)