Application for Admission to Degree Candidacy: Gabriela Jocelyn Quiroz

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE of GRADUATE HEALTH SCIENCES

To the Dean, College of Graduate Health Sciences:

I, Gabriela Jocelyn Quiroz, hereby apply for admission to degree candidacy for the M.S. degree in the Pharmacology program. I present the attached transcript that indicates I have met the requirements for the degree candidacy.

Signature of applicant: _____ **Date:** _____

We certify that the candidate has completed **all of the required courses** for the M.S. degree in the Pharmacology program.

Application approved:

_____
Program Director

_____
Track Director (if applicable)

_____
Dean

_____
Date admitted to Candidacy

Faculty Committee Signatures:

_____ **Date:**
(Advisor)

CGHS address: College of Graduate Health Sciences, The University of Tennessee Health Science Center, 920 Madison, Suite 807, Memphis, TN 38163 Voice: 901-448-5538