Proposed Program for _____ who is a candidate

for the **Doctor of Plant Medicine** degree.

Course Number	Course Title	Credit Hours	Grade	Term Projected / Completed	Institution

Major: **Doctor of Plant Medicine**

					UF
	Total =				

Internships:

	Total =				

Transfer of Credits:

	Total =				

We recommend that the above program be approved.

_____ _____
Graduate Student Date

Approved:_____ _____
DPM Director Date

Supervisory Committee Members:

_____ _____
Chairman Date

_____ _____
Member Date

_____ _____
Member Date

_____ _____
Member Date