

Proposed Program for

UFID#

who is a candidate

for the

Doctor of Plant Medicine

degree.

Course Number	Course Title	Credit Hours	Grade	Term Projected / Completed	Institution
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Major: Doctor of Plant Medicine

Internships:

Transfer of Credits:

Total =

Supervisory Committee Members:

We recommend that the above program be approved.

Graduate Student

Chairman _____ Date _____

Approved: _____ **DPM Director** _____ **Date** _____

Member _____ **Date** _____

Approved: _____ **DPM Director** _____ **Date** _____

Member _____ **Date** _____

Approved: _____ **DPM Director** _____ **Date** _____

Member _____ **Date** _____

Member _____ **Date** _____