



UNIVERSITY OF  
**GEORGIA**

College of Pharmacy  
*Clinical & Administrative Pharmacy*

*Clinical and Experimental Therapeutics*  
**Graduate Student Advisement Report**

**Semester (i.e., FA, SP, or SU, and year; 'FA18'):**

**Date:**

**NOTE: Students are required to meet with their Advisory Committee at least once per year.**

**Courses Work – Plan of Action:**

**Student Name:**

**Signature:**

**Major Advisor Name:**

**Signature:**