

REPORT OF DEPARTMENTAL REQUIREMENTS FOR THE PH.D. DEGREE
IN THE FIELD OF PLANT PATHOLOGY

This is to certify that _____ SID _____ has completed all departmental or program degree requirements as stated below:

I. Admission Deficiencies (if any were present at time of admission, please indicate how they were met): _____

II. Course Work:

<u>Course</u>	<u>Quarter/Grade</u>	<u>Substitutions</u>
PLPA 200	_____	_____
PLPA 203	_____	_____
PLPA 204	_____	_____
PLPA 206	_____	_____

III. Seminar Requirement:

PLPA 250 needs to be taken each quarter in residency. List substitutions or exceptions below:

Signature of Graduate Advisor

Date