

GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCE

APPROVAL OF DOCTORAL COMMITTEE

Name of Candidate: _____ Date: _____

_____ Date: ____

Major Advisor (print):_____(Signature)_____

Co-Advisor(print):_____(Signature)_____

MEMBERS OF THE PHD COMMITTEE*:

Printed Name	Signature	Affiliation (School or Department)	Graduate Faculty (yes/no)

*A majority of the committee must be members of the Graduate Faculty.

CERTIFICATION:

Bailey Tobias, MEd Director, Graduate Program Pharmaceutical Science Date

Kerry M. Empey, PharmD, PhD Associate Dean Graduate and Postdoctoral Programs

Date