

GRADUATE PROGRAM IN THE PHARMACEUTICAL SCIENCES

APPROVAL OF THESIS MASTERS COMMITTEE

Name of Candidate: _____ Date: _____

Major Advisor (print):_____(Signature):_____

MEMBERS OF THE COMMITTEE*:

Printed Name	Signature	Affiliation (School or Department)	Graduate Faculty (yes/no)
			(; 0), 20)

Date

CERTIFICATION:

Bailey Tobias, MEd Director, Graduate Program Pharmaceutical Sciences

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