



University of
Pittsburgh

School of Pharmacy

GRADUATE PROGRAM IN THE PHARMACEUTICAL SCIENCES

APPROVAL OF NON-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)

CERTIFICATION:

Bailey Tobias MEd Date
Director, Graduate Program
in Pharmaceutical Science

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