



University of  
**Pittsburgh**  
School of Pharmacy

**GRADUATE PROGRAM IN THE PHARMACEUTICAL SCIENCES**

**Non-Thesis MS DEFENSE REPORT**

Name of Candidate: \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_

Advisor\* \_\_\_\_\_ Date \_\_\_\_\_

MEMBERS OF THE MS COMMITTEE<sup>†</sup>:

PRINTED NAME	SIGNATURE	PASS	REMEDIAL	FAIL

\* The advisor must ensure the thesis is in final form before submission.

<sup>†</sup> If the decision of the committee is not unanimous, the case is referred to the Senior Associate Dean.

CERTIFICATION:

\_\_\_\_\_  
Bailey Tobias, MEd                                      Date  
Director, Graduate Program  
Pharmaceutical Science

\_\_\_\_\_  
Kerry M. Empey, PharmD, PhD                      Date  
Associate Dean  
Graduate and Postdoctoral Programs  
School of Pharmacy