



University of
Pittsburgh
School of Pharmacy

GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCE

APPROVAL OF DOCTORAL COMMITTEE

Name of Candidate: _____ 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:

M. Maggie Folan, PhD
Director, Graduate Program
Pharmaceutical Science

Date

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

Date