University of Pittsburgh
School of Pharmacy

GRADUATE PROGRAM IN THE PHARMACEUTICAL SCIENCES

MS THESIS DEFENSE REPORT

Name of Candidate: _____

Thesis Title: _____

_____

Advisor* _____ Date_____

MEMBERS OF THE MS COMMITTEE†:

PRINTED NAME	SIGNATURE	PASS	REMEDIAL	FAIL

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

†*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