

**UNIVERSITY OF PITTSBURGH
SCHOOL OF PHARMACY**

GRADUATE PROGRAM IN THE PHARMACEUTICAL SCIENCES

DISSERTATION DEFENSE (PHD) REPORT

Name of Candidate: _____

Dissertation Title: _____

Date: _____ **Advisor:** _____

MEMBERS OF THE DISSERTATION COMMITTEE **PASS** **FAIL**

1. _____
(_____)

2. _____
(_____)

3. _____
(_____)

4. _____
(_____)

5. _____
(_____)

6. _____
(_____)

NOTE: The chairman of the committee should ensure that the thesis is in final form before final submission. If the decision of the committee is not unanimous, the case is referred to the Chair of the Pharmaceutical Sciences Graduate Program for resolution.

Approval and Certification

M. Maggie Folan, PhD
Chair, Graduate Academic Affairs Committee
Pharmaceutical Sciences Graduate Program

Date

Barry Gold, PhD
Chair, Department of Pharmaceutical Sciences

Date

Randall B. Smith, Ph.D.
Senior Associate Dean, School of Pharmacy

Date