



GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCE

**APPROVAL OF DISSERTATION PROPOSAL
AND
ADMISSION TO CANDIDACY FOR DOCTOR OF PHILOSOPHY DEGREE**

Name of Candidate: _____ Date: _____

Proposal Title: _____

Track: _____ Advisor: _____

MEMBERS OF THE PHD COMMITTEE*:

PRINT NAME	SIGNATURE

**Signature indicates the student has achieved 72 credits, completed all the required coursework, and the student's committee has reviewed and unanimously approved the dissertation topic and research plan.*

CERTIFICATION:

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

Date

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

Date