

DEPARTMENT OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES

Thesis/Dissertation Defense Approval

DATE: _____

The following is to certify that _____ has successfully defended the thesis or dissertation and has completed the requirements for the degree.

Advisory Committee

Chair _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature