



# Integrated Pharmaceutical Medicine

## Thesis Defense Signature Page

Date: \_\_\_\_\_

Student (print or type): \_\_\_\_\_

Advisor: \_\_\_\_\_

Title of Candidate's Thesis:

\_\_\_\_\_  
\_\_\_\_\_

Defense

Pass       Fail

For each committee member, sign to indicate successful Thesis defense:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Please return Thesis Signature Page to IPM Director, Denise Inman PhD, RGE 130