



University at Buffalo

Department of Pharmaceutical Sciences

School of Pharmacy and Pharmaceutical Sciences

"M-FORM"

Form to verify completion of graduate program requirements for:

- **MASTER's degrees with PROJECT** capstone

DEGREE CONFERRAL DATE: Feb. 1, _____ June 1, _____ Aug. 31, _____

STUDENT NAME: _____ **UB Person #** _____

COMPLETE AND SIGN sections 1 & 2 or sections 1 & 3, as appropriate:

1) PROGRAM REQUIREMENTS: I have examined the UB TRANSCRIPT and RECORD of the above-named student and **CONFIRM** that (s)he has **COMPLETED ALL DEPARTMENTAL and PROGRAM** requirements for the:

(Degree type) _____ (program title) _____

in the Department of

Pharmaceutical Sciences

Dir. of Graduate Studies/ Chair:

Dr. Youngjae You

Name

Signature

Date

3)APPROVAL OF CAPSTONE WORK: Project x

TITLE of CAPSTONE WORK:

On (date) __, WE RECEIVED the above-named student's CAPSTONE work, which has been EXAMINED IN CONTENT AND FORM, and DEEMED ACCEPTABLE to fulfill the capstone requirement for the: (degree type)-
MS _____ in (program title) _____

Major Advisor(s)

Name

Signature

Date

Committee Member (if required by department)

Name

Signature

Date

Dir. of Graduate Studies/Chair

Dr. Youngjae You

Name

Signature

Date

Please submit completed form to Corinne Cardy: ccardy@buffalo.edu; 445 Pharmacy Building