



UNIVERSITY OF HOUSTON

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Graduate Studies for Future Leadership Positions

Master of Science in Pharmacy Administration

MS Project Approval Form

Date: _____

Student's Full Name _____

Project Title _____

This form is to indicate that the above mentioned student has completed all requirements of the project and has received approval to proceed with copying and binding.

Approved by Committee Chair: _____

Received and approved by: _____

Sujit S. Sansgiry, Ph.D.
Director, Graduate Studies
Department of Clinical Sciences and Administration
University of Houston, College of Pharmacy

A copy of this document will be provided to the student and the faculty advisor.