



University of
Pittsburgh

School of Pharmacy

GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCE

SELECTION OF MAJOR ADVISOR

Name of Student: _____

Name of Advisor: _____

Name of Co-advisor: _____
(If Applicable)

This document confirms that I/we _____ agree to serve as
the major advisor/co-advisor for _____, and that I/we accept
the responsibilities thereof.

Signature of Major Advisor: _____

Signature of Co-advisor: _____

APPROVAL AND CERTIFICATION:

Bailey Tobias, MEd
Director
Graduate Program in Pharmaceutical Sciences

Date