

**UNIVERSITY OF PITTSBURGH
SCHOOL OF PHARMACY**

GRADUATE PROGRAM IN THE PHARMACEUTICAL SCIENCES

SELECTION OF MAJOR ADVISOR

Name of Student: _____

Advisor: _____

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: _____ DATE: _____
Major Advisor

SIGNATURE: _____ DATE: _____
Co-Advisor (if applicable)*

APPROVAL AND CERTIFICATION

Robert Gibbs, Ph.D. Date
Chair, Graduate Program Council

*Note: A co-advisor is required for students in the Clinical Pharmaceutical Sciences Program

(To be filed with the graduate program liaison)