



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