



GRADUATE DEPARTMENT OF PHARMACEUTICAL SCIENCES
ADVISORY COMMITTEE MEMBERS

Please submit the completed and signed form to the Graduate Office at pharm.sci@utoronto.ca.

Student Name: _____ Student Number: _____ Date: _____

Supervisor: _____

Co-supervisor: _____

Members: At least two (2) Graduate Faculty Members other than the supervisor and co-supervisor. One member must be selected from the Graduate Department of Pharmaceutical Sciences and the other from another graduate department in the University of Toronto. All members must have a Full or Associate Graduate Faculty Membership with the School of Graduate Studies.

1. Name: _____

Department where Graduate Faculty Appointment is held: _____

2. Name: _____

Department where Graduate Faculty Appointment is held: _____

3. Name: _____

Department where Graduate Faculty Appointment is held: _____

Signature of Student

Signature of Supervisor

Signature of Graduate Chair