

**GRADUATE DEPARTMENT OF PHARMACEUTICAL SCIENCES
PhD ADVISORY COMMITTEE MEMBERS**

Student Name: _____ **Student Number:** _____ **Date:** _____

Supervisor: _____

Co-supervisor: _____

Proposed Members: At least three Graduate Faculty members other than the supervisor and co-supervisor. One of the three members should be from the Graduate Department of Pharmaceutical Sciences and the other two members from another graduate department in the University of Toronto. All members must have Full or Associate Graduate Faculty Appointment 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: _____

4. Name: _____

Department where Graduate Faculty Appointment is held: _____

Signature of Student

Signature of Supervisor

Signature of Graduate Chair