GRADUATE DEPARTMENT OF PHARMACEUTICAL SCIENCES
PhD ADVISORY COMMITTEE MEMBERS

Student Name: ________________________  Student Number: ___________  Date: __________

Supervisor: _________________________________________________________________

Co-supervisor: ______________________________________________________________

Proposed Members: At least two Graduate Faculty members other than the supervisor and co-supervisor. One of the two members should be from the Graduate Department of Pharmaceutical Sciences and the other member 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

Please submit the completed and signed form to Tammy Chan (Room 658, pharm.sci@utoronto.ca).

October 2018