



UNIVERSITY OF HOUSTON

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*Graduate Studies for Future Leadership Positions*

# Master of Science in Pharmacy Administration

## Major Advisor Selection Form

Date: \_\_\_\_\_

This letter is to indicate that I \_\_\_\_\_ have selected Dr. \_\_\_\_\_ as my major advisor for my master project. I have met with the respective faculty member and we have mutually agreed on this decision.

\_\_\_\_\_  
Student Name and Signature

\_\_\_\_\_  
Faculty Name and Signature

*(Both student and faculty signatures are required.)*

Received by: \_\_\_\_\_

**Sujit S. Sansgiry, Ph.D.**  
**Director, Graduate Studies**  
**Department of Clinical Sciences and Administration**  
**University of Houston, College of Pharmacy**

*A copy of this document will be provided to both, the student and the faculty advisor.*