**Date**

To the AFPC Award Selection Committee,

Please be advised that I am aware of, and support, the following student’s application to be nominated for the AFPC/Council for Continuing Pharmaceutical Education Pharmacy Student Research Poster Award.

**STUDENT INFORMATION**

**Name:**

**Program:**

**Year in Program:**

*Advisor/Supervisor’s Signature
Advisor/Supervisor’s Name*

*Phone*

*Email*