

WINKLE COLLEGE OF PHARMACY

Request for Professional Elective Credit for a Non-School of Pharmacy Course

Please complete this form and submit it to the Dean's Office (HPB Room 136) for Corrine Sams, Assistant Director. Non-School of Pharmacy courses must be related to your future practice in pharmacy. If you enroll in a course without approval, you will not receive professional development elective credit for the course.

NAME: _____ UC ID: M _____

TERM: FALL SPRING SUMMER YEAR: _____

I would like to register for the following course and receive professional development elective credit:

COURSE TITLE:	
COURSE NUMBER:	CALL NUMBER:
CREDIT HOURS:	<input type="checkbox"/> UNDERGRAD <input type="checkbox"/> GRADUATE

Describe how this course is related to your pharmacy career plans:

List other professional development electives that you have taken or plan to take:

Signature _____ Date: _____

FOR OFFICE USE ONLY	
Comments:	
Signature: _____ Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
FOR OFFICE USE ONLY	

