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: ___________________ UNDERGRAD  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: __________________________

☐ Approved  ☐ Disapproved

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