College of Pharmacy Professional Electives Request Form

Student ID		**Student Name**	**Student Major and Professional Year**
Requested Course (Subject & Number)	**Hours**	**Requested Course Name**	**Requested Course Pre-requisites**
1.			
2.			
3.			

Reasons for requesting approval of the above course(s):

Student Signature ———————————— **Date** ————————————

The following should be completed by the faculty adviser

Faculty Adviser Name (print)	

Faculty adviser's comments and approval:

Faculty Adviser Signature	**Date**

The completed form should be returned to WO 1227, the Office of Student Affairs.