

**College of Pharmacy and Pharmaceutical Sciences  
BSPS Professional Electives Request Form**

<b>Student ID</b>		<b>Student Name</b>	<b>Student Major and Professional Year</b>
<b>Requested Course (Subject &amp; Number)</b>	<b>Hours</b>	<b>Requested Course Name</b>	<b>Requested Course Pre-requisites</b>
<b>Reasons for requesting approval of the above course(s):</b>			
<b>Student Signature</b> _____		<b>Date</b> _____	
<i>The following should be completed by the major Program Coordinator</i>			
<b>Major Program Coordinator Name (print)</b>			
<b>Program Coordinator's comments and approval:</b>			
<b>Program Coordinator Signature</b>			<b>Date</b>

*The completed form should be returned to Jing Meyer at HEB 155, the Office of Student Affairs.*