

College of Pharmacy and Pharmaceutical Sciences

DDAD Professional Elective Request Form

Name		Rocket #	Major and Professional Year
Requested Course (Subject & Number)	Hours	Requested Course Name	Requested Course Pre-requisites
Rationale for how the requested course(s) align with your major(s) and contribute to your educational goals:			
Signature		Date	
The student should submit the request to the Associate Dean for Academic Affairs (julie.murphy@utoledo.edu). Allow up to 7 business days for review and notification of approval.			
Associate Dean for Academic Affairs' comments and approval:			
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
Signature			Date

The completed form will be returned to the student and forwarded to the Director of Student Services for the Professional Division (Jing Meyer).