



Pharmacy Elective Approval Form

The University of Findlay School of Pharmacy

Student Name		
ID Number		
Proposed Elective for Approval as a Pharmacy Elective for this Student Only		# of Credits
Rational		
Semester Taken/Where Taken		
Student Signature		
Advisor's Signature		
Approved / Denied (Circle One)		
Date: / /	Signature - Assistant Dean for Internal Affairs or Dean	

If approved, make a copy for the student's file and send original to Registrar's Office. If denied, give back to advisor.



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