

# Request for Professional Elective Credit for a Non-School of Pharmacy Course



Complete this form and submit it to the Student and Academic Affairs Office (Room 2220). Non-School of Pharmacy courses must be clearly related to your future practice in pharmacy and must be at an appropriate level (generally numbered 300 or above). If you enroll in a course without approval, you will not receive professional elective credit for it.

Name (print): \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

### I would like to register for the following course and receive professional elective:

Course Department: \_\_\_\_\_ Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_

Describe how this course is related to your pharmacy career plans:

List other professional electives that you have taken or plan to take:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| For office use only |  | Signature and date |
|---------------------|--|--------------------|
| Advisor review      | Comments:  |                    |
| Decision            | <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove |                    |