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 credit:

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

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<th>Advisor review</th>
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Signature and date