

College of Pharmacy and Pharmaceutical Sciences BSPS Professional Electives Request Form

Student ID		Student Name	Student Major and Professional Year
Requested Course (Subject & Number)	Hours	Requested Course Name	Requested Course Pre-requisites

Reasons for requesting approval of the above course(s):

Student Signature _____ Date _____

The following should be completed by the Major Program Coordinator

Major Program Coordinator Name (print)	
Program	

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