

UF College of Pharmacy
Request for Registration of a Non-College Course
for Elective Credit

Please complete this form and submit it, along with a course syllabus, to the Chair of the College of Pharmacy Curriculum Committee (curriculumchair@cop.ufl.edu). The Curriculum Committee will review your request at the next meeting. Your presence at the meeting may be requested. The Curriculum Committee will evaluate the course goals, objectives, content, requirements, grading, teaching methodology, etc. as well as your reasons for taking this course. The Chair of the Curriculum Committee will inform you about the decision on your petition.

Non-college course requests to be used towards a PharmD degree must be clearly related to your future practice in pharmacy, and must also be listed at the 5000 level or above.

Please be aware that the tuition and fees for an elective course outside the college may not be covered by annualized tuition and fees.

If the course is approved as an elective, the Office for Student Affairs will register you for the course.

Student Name: _____ Student ID: _____

Course Number: _____ Credits: _____

Course Name: _____

Semester and Year Course Offered: _____

How is this course related to your future pharmacy practice? (You may attach an additional sheet if necessary).

Approved _____

Disapproved _____

Chair, College of Pharmacy Curriculum Committee

Date: _____