



THE UNIVERSITY OF ARIZONA

R. Ken Coit College of Pharmacy

Elective Course Petition Form

Name _____

Date _____

Student ID _____

Class Year ____ Tuc Phx

Email _____

Semester and Year to be taken: _____

Course number:

Prefix
(EPID)

Number
(573a)

Section
(003)

5-digit course #
(56789)

Subject of Petition (explain how this course pertains to pharmacy, how it pertains to your education plan):

How is this course graded? P/F or A/B/C How many units is this course? _____

THE COURSE SYLLABUS MUST BE ATTACHED TO THIS PETITION.

Approve Deny

Comments:

Assistant Dean's Signature _____ Date _____