

**COLLEGE OF PHARMACY
INDEPENDENT STUDY AND REGISTRATION FORM**

STUDENT NAME _____ **CLASS OF** _____

STUDENT SID # _____

COURSE NUMBER (Prefix, number, section, 5 digit class #) _____
(PHPR xxx-0xx (xxxxx))

SEMESTER AND YEAR TAKING COURSE _____

NUMBER OF UNITS (1 unit = 45 hour/semester) _____

INSTRUCTOR NAME _____

A syllabus may be attached to complete the following 5 sections

Course description:

Course objective (at the end of the course the student will be able to:)

Required and suggested texts (if applicable)

How will student be evaluated (project, paper, poster presentation)

Grading criteria

Signature of Professor

Signature of Student