

PHM 608: Pharmacy Project I
 Fall 2005
 2 credits
 Course Coordinator: Gene D. Morse, Pharm.D.
 Course Administrator: Kris A. Jordan
 Administrative Assistant: Oksana Wisniewski

Student Grading Form

Student Name: _____ ID # _____

Phone #: _____ E-mail address: _____

Pharmacy Project Faculty Advisor: _____

Site Name: _____

Faculty Phone #: _____ E-mail address: _____

TITLE OF PROJECT: _____

PROJECT OBJECTIVES:

PLEASE ATTACH A COPY OF YOUR FINAL PROJECT TO THIS FORM.

This two-credit course requires at least six hours of work per week on a project.

WEEKLY TIME LOG							
Week #	# of hours project was worked on	Week #	# of hours project was worked on	Week #	# of hours project was worked on	Week #	# of hours project was worked on
1		5		9		13	
2		6		10		14	
3		7		11		15	
4		8		12		16	

OVER

To: Pharmacy Project Faculty Advisor

Based on the grade chart below, please indicate the appropriate letter grade this student has earned for this pharmacy project.

Keep in mind that the pharmacy project grade is derived from the following:

- 30% written project plans or proposal
- 50% conduct of the project
- 20% final written summary of the project

Letter grade

Additional Comments

Signature of Faculty Member

Date

Signature of Student

Date

Grade Chart

Max	Min	Grade
100	92.5%	A
92.49	89.5%	A-
89.49	85.5%	B+
85.49	82.5%	B
82.49	79.5%	B-
79.49	75.5%	C+
75.49	64.5%	C
64.49	59.5%	D
59.49	0%	F

This document is due in the Department of Pharmacy Practice **no later than Friday, December 2, 2005**. If not received by this date, the student will automatically receive an incomplete for this required portion of the Doctor of Pharmacy Program

Please note: Due to University policy, graduate students cannot receive a grade of C-