

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 Project Contract

This form must be completed by the student and turned in to Oksana Wisniewski no later than Friday, October 14, 2005.

Student Name: _____ ID # _____

Phone #: _____ E-mail address: _____

Pharmacy Project Faculty Advisor: _____

Site Name: _____

Faculty Phone #: _____ E-mail address: _____

TITLE OF PROJECT: _____

PROJECT OBJECTIVES:

I have met with the student and verify that we will be working on this project during the course of the Fall semester and that the goals and objectives can be met prior to **Friday, December 2, 2005.**

Signature of Pharmacy Project Faculty Advisor Date

I have met with my Pharmacy Project Advisor and agree that this project can be completed during the course of the Fall semester. I will personally deliver the completed **Student Grading Form** and copy of my project to the Department Office **no later than Friday, December 2, 2005** or I will receive an "Incomplete" grade for this project.

Signature of Student Date