## **Enrollment Verification Form**

## Graduate Program in Pharmaceutical & Pharmacological Sciences

me:		Advisor:			
CRN#	Subject	Course #	Title	Section #	Credit
					Hours
				Total	
				Credit	
				Hours	
<ul> <li>Cours regist (i.e. u stude</li> <li>In add hour</li> <li>AUDI</li> </ul>	ses registered for tration for course undergraduate co ent's dissertation dition, registration requirement	or by the studer es that are outs ourses, courses committee on for any of the	will result in denial of tuition want should be consistent with the ide the Health Science Center is in other disciplines, etc.) need ese courses CANNOT be count	student's Plan of graduate curricula I to be approved be deduced toward the min	Study and r offerings y the iimum credi
	ent Signature		Date		
Advis	or Signature		Date		