

SWOSU PHARMACY PRACTICE AGREEMENT

I, the undersigned, acknowledge that I am responsible for the content provided in the Experiential Education Manual.

In addition, I acknowledge that I have reviewed, clearly understand, agree to abide by, and am willing to accept the consequences of failure to adhere to the guidelines, regulations and policies concerning the SWOSU Pharmacy Experiential Program.

My signature on this agreement is valid for all courses taken from the date of my signature until my graduation from the College of Pharmacy program.

_____ (signature)

_____ (name printed)

_____ (Date)