



# NEAR EAST UNIVERSITY FACULTY OF PHARMACY



APPLICATION FORM FOR

## PHA 390 PHARMACY PRACTICE - II

STUDENT'S	
Name and Family Name	
Faculty Number	
Mobile Phone Number	
E-mail	
Application Date	
Signature	

<b>SUGGESTED TRAINEESHIP PERIOD</b>	
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PHARMACIST'S	
Name and Family Name	
Registered Pharmacy Association	
Mobile Phone Number	
Date	
Stamp and Signature	

<b>ADDRESS OF PHARMACY</b> (Street, City, State, Country, and Zip Code)