



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 | |

| SUGGESTED TRAINEESHIP PERIOD | |
|-------------------------------------|--|
|-------------------------------------|--|

| PHARMACIST'S | |
|---------------------------------|--|
| Name and Family Name | |
| Registered Pharmacy Association | |
| Mobile Phone Number | |
| Date | |
| Stamp and Signature | |

| ADDRESS OF PHARMACY (Street, City, State, Country, and Zip Code) |
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