



# NEAR EAST UNIVERSITY FACULTY OF PHARMACY



## STUDENT TRAINEESHIP FORM FOR

## PHA 590 PHARMACY PRACTICE – V

STUDENT  
PHOTO

### STUDENT'S

Name and Family Name

Student Number

Duration /Time Period of Traineeship

Signature

### PHARMACY and PHARMACIST'S

Name and Family Name

Name of Pharmacy

Phone and Fax Number

Address of Pharmacy

Stamp and Signature

### IMPORTANT

1. All the forms must be signed and stamped by pharmacist.
2. At the end of traineeship period, student must fill the the **PHA 590 Pharmacy Practice Manual** by own handwriting and get approval (sign and stamp) from pharmacist.
3. At the end of traineeship period, all the documents (including Student Attendance Sheet, Practice Manual, Pharmacist's Evaluation Rapport about student) must be given back to traineeship coordinator.