



STUDENT TRAINEESHIP FORM FOR

PHA 491 PHARMACY PRACTICE – IV

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
<ol style="list-style-type: none">1. This form must be signed and stamped by pharmacist2. At the end of traineeship period, student must prepare a report about his/her experiences in English (within the range of 750 to 1000 words) as printed form, must be given to traineeship coordinator.

PURPOSES OF THIS TRAINEESHIP

1. Gaining a knowledge about the pharmacy/pharmaceutical institution/pharmaceutical company in where the traineeship is done.
2. Gaining a knowledge about the pharmacy/pharmaceutical institution/pharmaceutical company's importance in the World of Pharmacy.
3. Assessment of the practical and theory based knowledge gained by the student during the traineeship period.