NEAR EAST UNIVERSITY FACULTY OF PHARMACY

PHARMACIST'S EVALUATION FOR STUDENT TRAINEESHIP PERFORMANCE

PHA 590 PHARMACY PRACTICE – V

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	

PHARMACIST'S EVALUATION

Please send this form in sealed envelope with student at the end of traineeship period