



School of Pharmacy and Health Professions

Visiting Pharmacy Student Dean Verification / Approval Form

Creighton University School of Pharmacy and Health Professions
2500 California Plaza, Criss III Suite 154
Omaha, NE 68178
Contact: Jeanne Riha,
Support Secretary for Registration Services
Email: jeanneriha@creighton.edu
Phone: 402-280-3296
Fax: 402-280-1148

Instructions:

- All applications for visiting student status must be accompanied by the signature of the Dean of the applicant's home institution...
Complete all sections of the form below...
This completed form must be submitted to Jeanne Riha at the contact information listed above.

Institutional Information:

Form with fields for Home Institution / Program Name, Address, City, State, Zip Code, and Phone Number.

Request for registration in the following Creighton University course:

Form with fields for Course Number, Course Title, and Term / Year.

Verification:

Form with two checkboxes for verification of student status and course acceptance.

Home Institution's Dean Signature

Form with fields for Signature and Request Date.

Student Name(s): (please print or type)

Table with 10 numbered rows for student names.