



Pharmacy Licensure Exam Requalification Program Registration Form
(Deadline: Registration and Records 4 weeks before the enrolling quarter)

First Name: Middle Name: Last Name:

Total Number of Credits MBKU ID OR Date of Birth:

Year	Term	Course Number	Course Title	Credit Hours	Tuition (Office Use Only)

I am requesting to take the above name course(s) and understand my financial obligation.

Student Signature: _____ Date: _____

I approve the above coursework.

COP Office of Academic Affairs: _____ Date: _____