

and Health Professions

Visiting Pharmacy Student **Dean Verification / Approval Form**

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Instructions:

- All applications for visiting student status must be accompanied by the signature of the Dean of the applicant's home institution verifying that the applicant is in good academic standing and that the course will be accepted at the home institution for transfer of credit.
- Complete all sections of the form below. If 5 or more students enroll in a course from the same institution, these students are eligible for the institutional discount rate. This will apply only to applications received by the appropriate deadline in the "Registration Deadline" information. All visiting students from the same institution must be listed on one verification form so that the discount (minimum 5 students) can be applied.
- This completed form must be submitted to Deann Sterner at the contact information listed above.

Institutional	Information:							
	ution / Program Nan	ne:						
Address:								
City:		S	State:		Zip Code:			
Phone Num	ber:							
Request for registration in the following Creighton University course:								
Course Number Course Title:		:					Term / Year:	
Verification:								
☐ The student(s) listed below are in good academic standing at this institution.								
The course listed above will be accepted for transfer to the home institution.								
Home Institution's Dean Signature								
Signature:						Reque Date:	Request Date:	
Student Nam	ne(s): (please print	or type)						
1.				6.				
2.				7.				
3.				8.				
4.				9.				
5.				10.				