ROTATION PRESENTATION SIGN-OFF SHEET

STUDENT: ______________________________________

Send completed form to
School of Pharmacy
2500 N. State St.
Jackson, MS 39216
Attn: Mrs. Jann Rice
Phone: (601) 984-2622
Fax: (601) 815-1160
Email: jrice@umc.edu

Presentation 1

Title: ______________________________________

Date Presented: ______________________________________

Presented To: ______________________________________

Successfully Completed: ____________________________

Preceptor's Signature

Presentation 2

Title: ______________________________________

Date Presented: ______________________________________

Presented To: ______________________________________

Successfully Completed: ____________________________

Preceptor's Signature

Presentation 3

Title: ______________________________________

Date Presented: ______________________________________

Presented To: ______________________________________

Successfully Completed: ____________________________

Preceptor's Signature