

ROTATION PRESENTATION SIGN-OFF SHEET

STUDENT: _____

Send completed form to
School of Pharmacy
2500 N. State St.
Jackson, MS 39216

Attn: Mr. Robert Metzger

Phone: (601) 984-2758

Fax: (601) 815-1160

Email: rmetzger@umc.edu

Presentation 1

Title: _____

Date Presented: _____

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Preceptor's Signature

Presentation 2

Title: _____

Date Presented: _____

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