

Pharmacy Technician Program Advising Sheet

Student Name: _____ ID#: _____

Advisor: _____ Goal: Diploma

Quarter Entered: Fall 2019 Semester Graduating: Spring 2019

1st Term: Fall 2019 - Semesters

Course #	Course Title	Quarter Credits	Semester Credits	Grade
Student Success	Student Success Course		1.0	
PHRM XXXX	Pharmacology for Pharmacy Technicians		5.0	
PHRM XXXX	Pharmacy Calculations		4.0	
PHRM XXXX	Pharmacy Operations for Pharmacy Techs		5.0	
			15	

2nd Term: Spring 2019- Quarters

Course #	Course Title	Quarter Credits	Semester Credits	Grade
PHRM XXXX	Pharmacy Law and Ethical Issues		4.0	
PHRM XXXX	Pharmacy Clinical Education		5.0	
Written/Oral Comm	Speech 1090 or English 1010		3.0	
Computer Technology	Microsoft Apps I		3.0	
			15	

3rd Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
Total Credits				

4th Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
Total Credits				

5th Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
Total Credits				