

**Petition for Advanced Pharmacy Practice Experiences (APPE)
at Non-affiliated Sites**

Students petitioning to complete APPEs at a non-affiliated site are required to complete this form detailing the uniqueness of the experience and a proposal for the experience in question. The template for the proposal is available on the College of Pharmacy web page. The form must be submitted to the Director of Experiential Education by **September 30** for the experiential year beginning the following May. Students may be asked to present their cases in person. The Director will evaluate the petition, and in consultation with the Associate Director and Associate Dean for Professional Experience and External Relations, approve or deny the request.

STUDENT'S NAME: _____ STUDENT ID# _____

PHONE NUMBER: _____

PLEASE DETAIL THE UNIQUENESS OF THE PROPOSED EXPERIENCE:

PROPOSED ADVANCED PRACTICE EXPERIENCE:

Experience Name: _____

Preceptor: _____

Preceptor Telephone: _____

Preceptor email: _____

Site: _____

Site Address: _____

Dates of Proposed
Experience : _____ through _____

Proposal Attached

Proposed Preceptor's CV attached

Director of Experiential Education

DATE

Date received by
Experiential Education Office

Date Database Updated