

University of Maryland School of Pharmacy
A Bridge to Academic Excellence *Registration Packet*
<http://www.pharmacy.umaryland.edu/studentorg/ABAE/>

This Registration Packet contains two forms. Each form must be completed and signed. Please fax or mail the forms to Ms. Hayes ASAP. Fax: 410.706.2158. Mail: UM School of Pharmacy, 20 North Pine Street, 765 PH, Baltimore, MD 21201

Caroline Center Pharmacy Tech Program Tutoring

Participant's Name (Print) _____

Signature _____ Date _____

(Check *ONE* Only) Course Requesting Tutoring

- Pharmacy Calculations* *English* *Trigonometry* *Geometry* *Calculus*
 Chemistry *Other (Subject: _____)*

Email Address _____

Home Address _____

Home City and Zip _____

Phone Number _____

In case of emergency, please list one person who can be contacted.

Name _____ Phone _____

SCHOOL OF PHARMACY

OFFICE OF EDUCATIONAL TECHNOLOGY



UNIVERSITY OF MARYLAND

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