2012-2013 Academic Year
Intermediate Practice Availability

Preceptor _____ Site _____

Phone Number _____ E-mail _____

Experience	2012		
	Module I 06/4-6/29	**Module II 07/2-7/27**	**Module III 07/30-8/24**
Maximum # of Students/Block			

For **Savannah Campus:** Please fax completed form to **(912) 201-8153**, e-mail as an attachment to *ltucker @southuniversity.edu* , or mail ASAP to:

Dr. Rusty Fetterman or Lindsey Tucker
South University School of Pharmacy
709 Mall Blvd.
Savannah, GA 31406
Phone: (912) 201-8129

Or

For **Columbia Campus**: Please fax completed form to **(803) 935-4564**, e-mail as an attachment to *wwynn@southuniversity.edu* , or mail ASAP to:

Dr. William Wynn or Dana Desautels
South University School of Pharmacy
10 Science Court
Columbia, SC 29203
Phone: (803) 935-9705

For office use only:
I _____ spoke to preceptor _____ on _____ and was given the above availability.

Preceptor Availability entered into EMS on _____ by _____.