



Summer Training Training Pharmacy Schedule

Date of the arrangement (date/month/year)	
Student ID	
Student Name	

Name of the pharmacy	
Address	
Telephone (land)	
Supervising pharmacist Name	

Time	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 am							
9-10 am							
10-11 am							
11-12pm							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6pm							
6-7pm							
7-8pm							
8-9pm							
9-10pm							
10-11pm							
11-12pm							

Training period: From: To:.....
