



ALABAMA STATE BOARD OF PHARMACY

111 Village Street
Birmingham, AL 35242

PROOF OF ENROLLMENT

Document to be completed by Dean of the College of Pharmacy, Dean's designee, or registrar.

Pharmacy Student: _____
 LAST NAME FIRST NAME MI

College of Pharmacy: _____

Start Date: _____ Anticipated Graduation date: _____

In signing this document, the college of pharmacy attests that this student is currently enrolled in a professional pharmacy program.

Signature: _____ Date: _____

Proof of enrollment document to be uploaded with intern/extern permit application.