



برنامج الصيدلة الإكلينيكية

بطاقة الإرشاد الأكاديمي

فارم دي صيدلة إكلينيكية



**Mansoura University
Faculty of Pharmacy
Accredited by NAQAA**



ACADEMIC GUIDANCE CARD
CLINICAL PHARMACY- PHARM D

**Student
Portrait**

Student's Profile

Name: I.D number:

Secondary Education Degree :

Equivalence Certificate :

Joining Date: ... / ... / .. .200

Residence Address :

Province: Phone: Mobile:

Students Legal guardian's Name & and emergency phone

Academic program

E-mail:

Academic Advisor

Faculty of Pharmacy

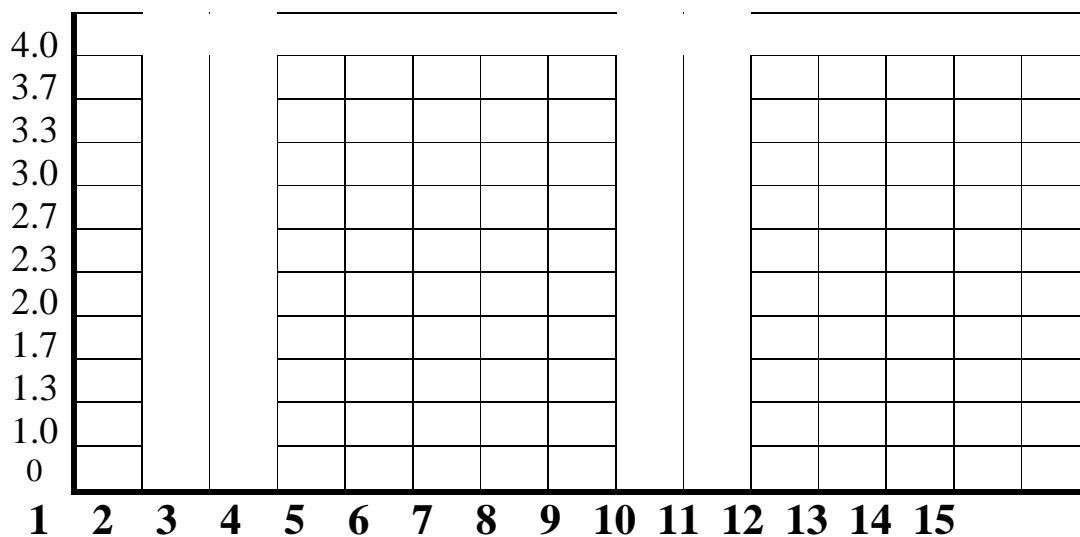


Student Registration Data

Level	Academic year	Semester	No. of credit hours		Average GPA		Cumulative GPA		Hours remaining	Student Signature
			Passed	registered	Grade	Value	Grade	Value		
First	20.../20.....	1 st								
		2 nd								
		Summer								
Second	20.../20.....	3 rd								
		4 th								
		Summer								
Third	20.../20.....	5 th								
		6 th								
		Summer								
Fourth	20.../20.....	7 th								
		8 th								
		Summer								
Fifth	20.../20.....	9 th								
		10 th								
		Summer								



Graphical representation of the cumulative rates of student





Grades are a measure of the performance of a student in an individual course.

Grade Expression	Grade Scale	Grade Point Average Value (GPA)	Numerical Scale of Marks
Excellent	A+	4	≥ 95 %
	A	3.85	90 – < 95 %
	A-	3.7	85 – < 90 %
Very Good	B+	3.3	82.5 – < 85 %
	B	3	77.5 – < 82.5 %
	B-	2.7	75 – < 77.5 %
Good	C+	2.3	72.5 – < 75 %
	C	2	67.5 – < 72.5 %
	C-	1.7	65 – < 67.5 %
Satisfactory	D+	1.3	62.5 – < 65 %
	D	1	60 – < 62.5 %
Fail	F	0	< 60 %
Withdrawal	W	—	Withdrawal
Incomplete-I	I*	—	Incomplete-I
Absent	Abs E**	—	Absent



Subjects Registration Form

Pharm- D Clinical Pharmacy

**Faculty of Pharmacy
Mansoura University
Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Level : (1) Semester: (1) Academic Year: (20...../ 20.....)

Course code	Course Title	No of Credit Hours	Check List	Course code	Extra Course (s)	No of Credit Hours
1	PC 101	Pharmaceutical Analytical Chemistry -1	3		1	
2	PC102	Pharmaceutical Organic chemistry -1	3		2	
3	PT 101	Pharmacy orientation	1		3	
4	PG 101	Medical plants	3		4	
5	MD 101	Medical Terminology	1		5	
6	MS 101	Mathematics and statistics	1		6	
7	UR3	Psychology	1		7	
8	UNIV101	Social Issues	1		8	
Total		14		Total		

Total no of Credit hours	
Student's GPA	

Student's Signature.....	Student's Phone :	Student's Email :.....
Academic Advisor :		Program Director :.....
Date: / / 20.....		Date: / / 20.....

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Pharm- D Clinical Pharmacy

**Faculty of Pharmacy
Mansoura University
Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Level : (1) Semester: (2) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PC 203	Pharmaceutical Analytical chemistry-2	3		1			
2	PC 204	Pharmaceutical Organic chemistry-2	3		2			
3	PB 201	Cell biology	2		3			
4	MD 202	Anatomy & Histology	2		4			
5	PT 202	Physical pharmacy	3		5			
6	PG 202	Pharmacognosy -1	3		6			
7	UR1	Information Technology	2		7			
Total			18		Total			

Total no of Credit hours	
Student's GPA	

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Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Summer Semester : Academic Year: (20..... / 20.....)

	Course code	Course(s)	No of Credit Hours
1			
2			
3			
4			
5			
6			
7			
Total			

Total no of Credit hours	
Student's GPA	

Student's Signature	Student's Phone :	Student's Email :.....
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Date: / / 20.....		Date: / / 20.....

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Pharm- D Clinical Pharmacy

**Faculty of Pharmacy
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Student's ID	Student's Name	First	Father	Grand father	Family

Level : (2) Semester: (3) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PC 305	Pharmaceutical Organic chemistry-3	3	<input type="checkbox"/>	1			
2	PB 302	Biochemistry -1	3	<input type="checkbox"/>	2			
3	PG 303	Pharmacognosy -2	3	<input type="checkbox"/>	3			
4	PT 303	Pharmacy legislation and practice ethics	1	<input type="checkbox"/>	4			
5	MD 303	Physiology& pathophysiology	3	<input type="checkbox"/>	5			
6	PT 304	Pharmaceutical dosage forms1	3	<input type="checkbox"/>	6			
7	UR4	Communication and presentation skills	1	<input type="checkbox"/>	7			
Total			17		Total			

Total no of Credit hours	
Student's GPA	

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Pharm- D Clinical Pharmacy

**Faculty of Pharmacy
Mansoura University
Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Level : (2) Semester: (4) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PO 301	Basic pharmacology	3	<input type="checkbox"/>	1			
2	PM 401	General microbiology and immunology	3	<input type="checkbox"/>	2			
3	PC 406	Instrumental analysis	3	<input type="checkbox"/>	3			
4	MD 404	Pathology	2	<input type="checkbox"/>	4			
5	PT 405	Pharmaceutical dosage forms 2	3	<input type="checkbox"/>	5			
6	PB 403	Biochemistry 2	3	<input type="checkbox"/>	6			
Total			17		Total			

Total no of Credit hours	
Student's GPA	

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Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Summer Semester : Academic Year: (20..... / 20.....)

	Course code	Course(s)	No of Credit Hours
1			
2			
3			
4			
5			
6			
7			
Total			

Total no of Credit hours	
Student's GPA	

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**Faculty of Pharmacy
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Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Level: (3) Semester: (5) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PO 502	Pharmacology-1	3	<input type="checkbox"/>	1			
2	PM 502	Pharmaceutical Microbiology and antimicrobials	3	<input type="checkbox"/>	2			
3	PM 503	Parasitology & virology	3	<input type="checkbox"/>	3			
4	PT 506	Pharmaceutical dosage forms 3	3	<input type="checkbox"/>	4			
5	PG 504	Phytochemistry-1	3	<input type="checkbox"/>	5			
6	PP 501	Hospital pharmacy	3	<input type="checkbox"/>	6			
Total			18		Total			

Total no of Credit hours	
Student's GPA	

Student's Signature	Student's Phone :	Student's Email :.....
Academic Advisor :		Program Director :.....
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**Faculty of Pharmacy
Mansoura University
Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Level : (3) Semester: (6) Academic Year: (20...../ 20.....)

No	Course code	Course Title	No of Credit Hours	Check List	No	Course code	Extra Course (s)	No of Credit Hours
1	PO 603	Pharmacology-2	3	<input type="checkbox"/>	1			
2	PG 605	Phytochemistry-2	3	<input type="checkbox"/>	2			
3	PT 607	Pharmaceutical technology	3	<input type="checkbox"/>	3			
4	PP 602	Community pharmacy practice	3	<input type="checkbox"/>	4			
5	PT 608	Biopharmaceutics and pharmacokinetics	3	<input type="checkbox"/>	5			
6	MD 605	First Aid & basic life support	2	<input type="checkbox"/>	6			
Total			17	<input type="checkbox"/>	Total			

Total no of Credit hours	
Student's GPA	

Student's Signature	Student's Phone :	Student's Email :
Academic Advisor :		Program Director :
Date: / / 20.....		Date: / / 20.....

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Student's ID	Student's Name	First	Father	Grand father	Family

Summer Semester : Academic Year: (20..... / 20.....)

	Course code	Course(s)	No of Credit Hours
1			
2			
3			
4			
5			
6			
7			
Total			

Total no of Credit hours	
Student's GPA	

Student's Signature	Student's Phone :	Student's Email :.....
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Date: / / 20.....		Date: / / 20.....

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Student's ID	Student's Name	First	Father	Grand father	Family

Level : (4) Semester: (7) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PO 704	Pharmacology-3	3	<input type="checkbox"/>	1			
2	PC 707	Medicinal chemistry-1	3	<input type="checkbox"/>	2			
3	PT 709	Advanced drug delivery system	2	<input type="checkbox"/>	3			
4	PP 703	Clinical pharmacy practice	3	<input type="checkbox"/>	4			
5	PM 704	Medical Microbiology	3	<input type="checkbox"/>	5			
6	PG 706	Phytotherapy	3	<input type="checkbox"/>	6			
7	PE ...	Elective course	2	<input type="checkbox"/>	7			
Total			19		Total			

Total no of Credit hours	
Student's GPA	

Student's Signature	Student's Phone :	Student's Email :.....
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Date: // 20.....		Date: // 20.....

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**Faculty of Pharmacy
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Student's ID	Student's Name	First	Father	Grand father	Family

Level : (4) Semester: (8) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PC 808	Medicinal chemistry-2	3		1			
2	PO 805	Advanced pharmacotherapy and therapeutics	3		2			
3	PP 804	Clinical pharmacokinetics	3		3			
4	PP 805	pharmacotherapy of critical care patients	2		4			
5	PB 804	Clinical biochemistry	3		5			
6	PM 805	Public health and preventive medicine	2		6			
7	PC 809	Quality control and pharmaceutical analysis	3		7			
8	PE ...	Elective course	2		8			
Total			21		Total			

Total no of Credit hours	
Student's GPA	

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Academic Advisor :		Program Director :.....
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Student's ID	Student's Name	First	Father	Grand father	Family

Summer Semester : Academic Year: (20..... / 20.....)

	Course code	Course(s)	No of Credit Hours
1			
2			
3			
4			
5			
6			
7			
Total			

Total no of Credit hours	
Student's GPA	

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Mansoura University
Clinical Pharmacy Program**

Student's ID	Student's Name	First	Father	Grand father	Family

Level : (5) Semester: (9) Academic Year: (20...../ 20.....)

	Course code	Course Title	No of Credit Hours	Check List		Course code	Extra Course (s)	No of Credit Hours
1	PP 906	Pharmacotherapy of endocrine and renal disorders	3	<input type="checkbox"/>	1			
2	PP 907	Pharmacotherapy of cardiovascular diseases	3	<input type="checkbox"/>	2			
3	PM 906	Biotechnology	3	<input type="checkbox"/>	3			
4	PP 908	Pharmacotherapy of neuropsychiatric diseases	3	<input type="checkbox"/>	4			
5	PB 905	Clinical nutrition	2	<input type="checkbox"/>	5			
6	PO 905	Drug information	2	<input type="checkbox"/>	6			
7	NP 901	Drug marketing & pharmacoeconomics	2	<input type="checkbox"/>	7			
8	PE ---	Elective course	2	<input type="checkbox"/>	8			
9	UR5	Entrepreneurship	1	<input type="checkbox"/>	9			
Total			21		Total			

Total no of Credit hours	
Student's GPA	

Student's Signature	Student's Phone :	Student's Email :.....
Academic Advisor :		Program Director :.....
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Student's ID	Student's Name	First	Father	Grand father	Family

Level : (5) Semester: (10) Academic Year: (20...../ 20.....)

Course code	Course Title	No of Credit Hours	Check List	Course code	Extra Course (s)	No of Credit Hours
1 PO 006	Clinical toxicology	3	<input type="checkbox"/>	1		
2 PP 009	Pharmacotherapy of dermatological, reproductive and musculoskeletal diseases	2	<input type="checkbox"/>	2		
3 PP 010	Pharmacotherapy of pediatric diseases	3	<input type="checkbox"/>	3		
4 PP 011	Pharmacotherapy of oncological diseases and radio pharmacy	3	<input type="checkbox"/>	4		
5 PP 012	Pharmacotherapy of gastrointestinal diseases	3	<input type="checkbox"/>	5		
6 PP 013	Pharmacotherapy of respiratory diseases	2	<input type="checkbox"/>	6		
7 PP 014	Clinical research and pharmacovigilance	2	<input type="checkbox"/>	7		
8 PE ---	Elective course	2	<input type="checkbox"/>			
Total		20		Total		

Total no of Credit hours	
Student's GPA	

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Date: / / 20.....		Date: / / 20.....

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Summer Semester : Academic Year: (20..... / 20.....)

	Course code	Course(s)	No of Credit Hours
1			
2			
3			
4			
5			
6			
7			
Total			

Total no of Credit hours	
Student's GPA	

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