

DOCTOR OF PHARMACY PROGRAM
PHARMACY PRACTICUM GRADING FORM

Student Name _____

Preceptor's Name _____

Preceptor's Signature _____

Practicum _____

Time Period for the Practicum _____

*** Practicum Grading:**

Practicum experience grade (maximum 70 points) _____

Oral and/or written examination grade (maximum 30 points) _____

Total Points for the Practicum _____

Final Practicum Grade (S/U) _____

*** Remember that a student must achieve at least 70% in all practicum areas that are graded, i.e., 70% in the practicum experience grade (minimum of 49 points), at least 70% on the oral and/or written examination (minimum of 21 points).**

This grade form is to be turned in with a copy of the OU/SWOSU Experiential Evaluation Form for each student.