



MASTER OF PHARMACY

PREREQUISITE CHECKLIST

Student Name (full): _____

Student No: _____

Year Commencing: _____

Prerequisite Area	Year 12 or tertiary unit you have completed (unit code and name)	Unit you intend to complete prior to the commencement of the Master of Pharmacy (unit code and name)
Chemistry		
Mathematics OR Statistics		
Microbiology		
Pharmacology		