STATEMENT OF UNDERSTANDING

Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE)

I understand that by enrolling in the Texas A&M Irma Lerma Rangel College of Pharmacy I may be assigned to Introductory Pharmacy Practice Experiences (IPPE) or Advanced Pharmacy Practice Experiences (APPE) in any region in the state where the College has an affiliation agreement. I understand that these assignments, which are required parts of the professional curriculum, may require me to travel up to two hours to rotation sites for IPPE and possibly relocate for APPE in the geographical assigned regions.

I further understand that it is my responsibility to plan for additional costs associated with the assigned sites which may include housing, parking, transportation, etc.

________________________________________
Student Name (Print)

________________________________________  __________________________
Student Signature                          Date

Please return completed form to:

Office of Student Affairs
Texas A&M Irma Lerma Rangel College of Pharmacy
MSC 131, 1010 West Avenue B
Kingsville, Texas  78363