

School of Pharmacy – Participation Request

I,
(name) _____

Student number: _____

Student Username: _____

Student email address: _____

Would **like to be included** in the School of Pharmacy Mentor Program

Are you an Accelerated Student?

I understand this means my name and student email address will be given to a student mentor for contact purposes.

This student mentor will be subject to The University of Queensland Privacy Policy:
For more detailed information on privacy:

<https://ppl.app.uq.edu.au/content/1.60.02-privacy-management>

Signature _____ Date ____/____/____