DOCTOR OF PHARMACY PROGRAM ACADEMIC WORKSHEET

(Pre-evaluation of Prerequisite Course Work)

DEPT.	COURSE #	EXACT COURSE TITLE	QTR/SEM (CIRCLE ONE) UNITS	GRADE	COMPLETION DATE & YEAR (or expected)	NAME OF COLLEGE/UNIVERSITY (do NOT abbreviate)	STATE
ENGLISH COMPOSITION – 1 semester							
COLLEGE ENGLISH – 1 semester							
SPEECH COMMUNICATION – 1 semester							
CALCULUS – 1 semester or 2 quarters							
CALCULUS - quarter 2							
HUMAN PHYSIOLOGY – 1 semester							
GENERAL BIOLOGY – 1 semester							
GENERAL CHEMISTRY WITH LAB - List 1 year course sequence (do not list fundamental, introductory or principles)							
ORGANIC CHEMISTRY WITH LAB - List 1 year course sequence (do not list fundamental, introductory or principles)							
ELECTIVES – No two from the same area							
1.							
2.							

PROVIDE THE INFORMATION REQUESTED BELOW - PRINT OR TYPE ONLY

First Name **Middle Initial** **Last Name**

Street **City** **State** **Zip Code**

Home Phone: _____ **Email** _____ **Work Phone:** _____

Have you ever applied to the Doctor of Pharmacy program? Yes ☐ No ☐ **If yes, please indicate year of entering class** _____