

DOCTOR OF PHARMACY PROGRAM ACADEMIC WORKSHEET

(Pre-evaluation of Prerequisite Course Work)

<u>DEPT.</u>	<u>COURSE #</u>	<u>EXACT COURSE TITLE</u>	<u>QTR/SEM</u> <i>(CIRCLE ONE)</i>	<u>COMPLETION</u> <u>DATE & YEAR</u> <i>(or expected)</i>	<u>NAME OF</u> <u>COLLEGE/UNIVERSITY</u> <i>(do NOT abbreviate)</i>	<u>STATE</u>
			<u>UNITS</u>	<u>GRADE</u>		
ENGLISH COMPOSITION – 1 semester						
COLLEGE ENGLISH – 1 semester						
SPEECH COMMUNICATION – 1 semester						
CALCULUS – 1 semester or 2 quarters						
CALCULUS - quarter 2						
<u>HUMAN PHYSIOLOGY</u> – 1 semester						
GENERAL BIOLOGY – 1 semester						
BIOCHEMISTRY – 1 semester or quarter 4 units or more						
<u>GENERAL CHEMISTRY WITH LAB</u> - List 1 year course sequence (do not list fundamental, introductory or principles)						
<u>ORGANIC CHEMISTRY WITH LAB</u> - 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 _____