



College of Pharmacy

International Post-Baccalaureate PharmD (IPBP) Program

IPBP APPLICATION WITHDRAWAL FORM

I, _____ (PRINT FULL NAME), would like to withdraw my application to the IPBP program for the application year _____. As per policy, please refund the applicable amount of my IA study guide access fee to the following name and address:

Address	City
<hr/>	
State	Zip Code

My current phone number contact is: _____

My current email address is: _____

Sincerely,

(Signature)

For office use only: Dt. Rec'd _____
Study Guide Access _____; Refund _____; Date processed _____