

# 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 &amp; 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 1st quarter						
CALCULUS – 2nd quarter						
<u>HUMAN</u> PHYSIOLOGY – 1 semester						
MICROBIOLOGY – 1 semester						
GENERAL BIOLOGY – 1 semester						
BIOCHEMISTRY – 1 semester or quarter 4 units or more						
<u>GENERAL</u> CHEMISTRY WITH LAB - List 1 year course sequence (do not list fundamental, introductory or principles)						
<u>ORGANIC</u> CHEMISTRY WITH LAB - List 1 year course sequence (do not list fundamental, introductory or principles)						
<b>ELECTIVES – No two from the same area</b>						
1.						
2.						

*PROVIDE THE INFORMATION REQUESTED BELOW - PRINT OR TYPE ONLY*

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**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 \_\_\_\_\_