

WAYNE STATE UNIVERSITY
 EUGENE APPLEBAUM
 COLLEGE OF PHARMACY
 AND HEALTH SCIENCES

Request for Evaluation of Prerequisite Admission Requirements

Please check interested program:

<input type="checkbox"/> Clinical Laboratory Science <input type="checkbox"/> Mortuary Science <input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pathologists' Assistant <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Radiation Therapy Technology <input type="checkbox"/> Radiologic Technology
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Name: _____

Street Address: _____

City _____ State/Zip _____

Home Phone: _____ Alternate Phone: _____

Email Address*: _____

List **ALL** previous institutions attended: _____

I authorize the review of my provided transcripts for an unofficial evaluation of credit for admission into one of the programs in the Eugene Applebaum College of Pharmacy and Health Sciences

Name: _____	Date: _____
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Please return completed form with **ALL** transcripts to:

Wayne State University
 Eugene Applebaum College of Pharmacy and Health Sciences
 Office of Student Affairs, Suite 1600
 259 Mack Avenue
 Detroit, MI 48201
 For Questions Contact the Advisor of the Day: 313-577-1716
 Fax: 313-577-5589
 Email: cphsinfo@wayne.edu