

Ben and Maytee Fisch College of Pharmacy - Office of Student Affairs The University of Texas at Tyler 3900 University Blvd. Tyler, TX 75799

Phone: 903.565.5777 (main number) or (800) UT TYLER

**Policy**: In order to help students be successful in the Pharm.D. program, organic chemistry, biology, microbiology and anatomy/physiology courses must be completed within seven years of entry into the Pharm.D. program. Requests to consider

Email: pharmacy@uttyler.edu | Website: http://www.uttyler.edu/pharmacy/

## **Pharmacy Prerequisite Exemption Request Form:**

☐ Biology II Lab

☐ Biology I Lab

**Background**: Knowledge in life sciences and health care is advancing at an exceptionally quick pace. As a result, academic knowledge learned just a few years ago quickly becomes dated and catching up while in a Pharm.D. program can be a challenge.

exceptions to the prerequisites or other requirements may be made in writing to the Admissions Committee through the Office of Student Affairs. Name: Date: E-mail &Phone#: Fall of: □ 2015 □ 2016 □ 2017 □ 2018 Expected entry date to the Pharm.D. program: Which pre-requisite course(s) are you requesting an exemption for? ☐ General Chemistry I Lec ☐ General Chemistry II Lec ☐ Organic Chemistry I Lec ☐ Organic Chemistry II Lec ☐ General Chemistry I Lab ☐ General Chemistry II Lab ☐ Organic Chemistry I Lab ☐ Organic Chemistry II Lab Please List **ALL** Chemistry courses that you have completed in the space below: Course Taken Course Code & Number College Semester Hrs Term/Year Grade Reason for requesting the exemption: Describe ANY Chemistry related work or volunteer experience you have: Position Start Date **End Date** Company Name Duties Which pre-requisite course(s) are you requesting an exemption for? ☐ Biology I Lec ☐ Biology II Lec ☐ A&P I Lec ☐ A&P II Lec ☐ Microbiology Lec

☐ A&P I Lab

☐ A&P II Lab

☐ Microbiology Lab

Course Taken		Course C	Course Code & Number		College		Semester Hrs		Term/Year		Grade
Reason for requesting the exemption:											
Describe ANY	biology relate	ed work or volun	ateer experience	e you have:							
Comp	any Name	J	Position		t Date	te End Dat		Duties			
Which pre-requisite course(s) are you requesting an exemption for?											
☐ Economics (Macro or Micro)			☐ Calcu	lus I			☐ Fundamentals of Speech				
Please List <b>AI</b>	<b>L</b> related cour	ses that you hav	e completed in	this area b	elow:	•					
Course Taken		Course C	Course Code & Number		College		Semester Hrs		Term/Year		Grade
Reason for re	equesting the ex	xemption:									
	1 0	1									
PCAT scores	(if taken); for	example: Biolo	ogy 60, Math 5	50, Chemis	try 75, V	Vriting	g 3				
Date	Verbal	Biology	Reading	Math	Che	emistry	try Composite		Writing	g	Mean
Please list any	Degree(s) yo	u have:							L		
College			Degree '	Гуре	Majo			or		Grad	luation Date
			I	I							

Please e-mail completed form along with copies of unofficial PCAT scores and TRANSCRIPTS to pharmacy@uttyler.edu.

Revised: 4.15.16 ac