



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  
Email: [pharmacy@uttyler.edu](mailto:pharmacy@uttyler.edu) | Website: <http://www.uttyler.edu/pharmacy/>

### Pharmacy Prerequisite Exemption Request Form:

**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.

**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. Request to consider 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#: \_\_\_\_\_

Expected entry date to the Pharm.D. program: \_\_\_\_\_ Fall of:  2020  2021  2022  2023

### Which chemistry pre-requisite course(s) are you requesting an exemption for?

<input type="checkbox"/> General Chemistry I Lec	<input type="checkbox"/> General Chemistry II Lec	<input type="checkbox"/> Organic Chemistry I Lec	<input type="checkbox"/> Organic Chemistry II Lec
<input type="checkbox"/> General Chemistry I Lab	<input type="checkbox"/> General Chemistry II Lab	<input type="checkbox"/> Organic Chemistry I Lab	<input type="checkbox"/> 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:

Company Name	Position	Start Date	End Date	Duties

### Which biology pre-requisite course(s) are you requesting an exemption for?

<input type="checkbox"/> Biology I Lec	<input type="checkbox"/> Biology II Lec	<input type="checkbox"/> A&P I Lec	<input type="checkbox"/> A&P II Lec	<input type="checkbox"/> Microbiology Lec
<input type="checkbox"/> Biology I Lab	<input type="checkbox"/> Biology II Lab	<input type="checkbox"/> A&P I Lab	<input type="checkbox"/> A&P II Lab	<input type="checkbox"/> Microbiology Lab

Please List **ALL** biology 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 biology related work or volunteer experience you have:

Company Name	Position	Start Date	End Date	Duties

Which other pre-requisite course(s) are you requesting an exemption for?

<input type="checkbox"/> Calculus I	<input type="checkbox"/> Fundamentals of Speech
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Please List **ALL** related courses that you have completed in this area below:

Course Taken	Course Code & Number	College	Semester Hrs	Term/Year	Grade

Reason for requesting the exemption:

PCAT scores (if taken); for example: Biology 60, Math 50, Chemistry 75, Writing 3

Date	Verbal	Biology	Reading	Math	Chemistry	Composite	Writing	Mean

Please list any Degree(s) you have:

College	Degree Type	Major	Graduation Date

**Please e-mail completed form along with copies of unofficial PCAT scores (if applicable) and TRANSCRIPTS to [pharmacy@uttyler.edu](mailto:pharmacy@uttyler.edu).**