

WAYNE STATE UNIVERSITY

EUGENE APPLEBAUM
COLLEGE OF PHARMACY
AND HEALTH SCIENCES

Request for Evaluation of Prerequisite Admission Requirements

Please check interested program:

	Clinical Laboratory Science		Physical Therapy		Radiologic Technology
	Mortuary Science		Pathologists' Assistant		
	Occupational Therapy		Physician's Assistant		
	Pharmacy		Radiation Therapy Technology		

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 form with 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
Fax: 313-577-5589