

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"/>	Pharmacy	<input type="checkbox"/>	Radiation Therapy Technology
<input type="checkbox"/>	Cytotechnology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Radiologic Technology
<input type="checkbox"/>	Mortuary Science	<input type="checkbox"/>	Pathologists' Assistant	<input type="checkbox"/>	
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Physician's Assistant	<input type="checkbox"/>	

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:

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