

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"/>	Nurse Anesthesia	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Cytotechnology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Physician's Assistant
<input type="checkbox"/>	Funeral Service	<input type="checkbox"/>	Anatomic Pathologists' Assistant	<input type="checkbox"/>	Radiation Therapy Technology
<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Radiologic Technology	<input type="checkbox"/>	Radiologist Assistant

Name: _____

Street Address: _____

City: _____

State/Zip: _____

Home Phone: _____

Alternate Phone: _____

Email Address: _____

List all 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:
Office of Student and Alumni Affairs
Eugene Applebaum College of Pharmacy and Health Sciences
259 Mack, Suite 1600
Detroit, MI 48201
Fax: 313-577-5589
Email: cphsinfo@wayne.edu