School of Pharmacy

Re-Admission Student Application

Personal Information

		Stu	ıdent ID (R numb	per):	
First Name MI	Last Name		Maiden Name		
Current Street Addres	S		Current Phone	Number	
City		State	Zip		
Permanent Street Add	ress		Permanent Pho	one Number	
City		State	Zip		
Current E-mail Addres	 SS				
P	revious Col	llegiate	Experien	ces	
List all colleges/univer Health Sciences Cent are required from each	rsities, which you h er. Official transcrip	ave attende	ed since last beir	ng admitted to	
Institution		From	То	Hours Earne	d GPA
			-		
			-		
			-		
			-		
			-		
			-		

Texas Tech University Health Sciences Center School of Pharmacy Re-Admission Student Application Personal Information

Please place an "X" to the left of the program in which	you would like to be re-admitted to.
PharmD.	
Please place an "X" to the left of the term in which you	u would like to be re-admitted.
☐ Fall☐ Spring☐ Full Summer	
Signature Agr	reement
My signature is an agreement with Texas Tech Un School of Pharmacy indicating that I intend to compl as stated and will immediately notify the School in certify that the information on this form is complet submission of false information is grounds for reject offer of acceptance, cancellation of enrollment, or app that the foregoing statements are true, complete and of	ete all in-progress or planned course work writing of any changes that may occur. te and correct and I understand that the ction of my application, withdrawal of any propriate disciplinary action. I further certify
_	Signature
	Date

Send this application form along with the oath of residency and updated transcripts to:

Texas Tech University Health Sciences Center

Office of the Registrar - School of Pharmacy

3601 4th Street MS 8310

Lubbock, TX 79430-8310

(806) 743-2300