

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 would like to be re-admitted.

☐ Fall

☐ Spring

☐ Full Summer

Signature Agreement

My signature is an agreement with Texas Tech University Health Sciences Center and the School of Pharmacy indicating that I intend to complete all in-progress or planned course work as stated and will immediately notify the School in writing of any changes that may occur. I certify that the information on this form is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I further certify that the foregoing statements are true, complete and correct.

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