Prior to request, please refer to these resources for course comparison.

- Courses From Other Colleges - Transfer Equivalencies: [http://pharmacy.uky.edu/pre-pharmacy/transfer-equivalency](http://pharmacy.uky.edu/pre-pharmacy/transfer-equivalency)
- UK COP prereqs: [http://pharmacy.uky.edu/pre-pharmacy](http://pharmacy.uky.edu/pre-pharmacy)
- UK course descriptions: [http://www.uky.edu/registrar/content/2016-17-course-descriptions](http://www.uky.edu/registrar/content/2016-17-course-descriptions)

Your Name:

Have you applied to UK COP via PharmCAS? Select one of the following.

- Yes, I am currently in the 2017-2018 cycle
- Yes, I have received a conditional acceptance for Fall of 2018.
- No, but I plan to apply. List cycle dates: ___________

UK Course Name and #:

Reason for Request:

Name of Accredited Institution offering Course to be considered:

Course Name and #:

Date taken or planning to take course:

Website link to official course description:

Official Course description: (may copy and paste from website)

Please include a course syllabus. In some cases, we do not need a syllabus to approve course work, but in other cases we may require a syllabus in order to determine if the course meets UK prerequisite standards.