Petition for Summer Course Approval

Email to sharon.gonzales@uky.edu with subject line: Course Approval

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

- Courses From Other Colleges - Transfer Equivalencies: http://pharmacy.mc.uky.edu/programs/prepharm/transfer.php
- UK COP prereqs: http://pharmacy.mc.uky.edu/programs/prepharm/coursework.php
- UK course descriptions: http://www.uky.edu/registrar/content/2015-16-course-descriptions

Your Name:

UK Course Name and #:

Name of Accredited Institution offering Course to be considered:

Course Name and # you plan to take:

Date course will be completed by: (we must have a grade prior to the PharmD August Orientation)

Website link to official course description:

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

Explanation for Summer Course Request:

List any other (non prereq) courses you plan to take this summer, if applicable.

* In some cases, we will require a syllabus to approve course work in order to determine if the course meets UK prerequisite standards. You may include a syllabus if you have one.