



Xavier University of Louisiana College of Pharmacy Course Appeal Form

DEADLINE DATE TO SUBMIT COURSE APPEAL FORM: September 5, 2017

NOTE: Any Math or Science Courses taken before January 2013 must be evaluated by the Admissions Committee for approval and acceptance.

- Instructions:**
- Please complete each section of the Course Appeal Form
 - Mail form and copies of your transcript(s) to the College of Pharmacy
Office of Student Affairs ~ 1 Drexel Drive ~ New Orleans, LA 70125 <OR>
Email form and transcripts to: ghudson@xula.edu <OR>
Fax form and transcripts to: 504-520-7977

Section A: STUDENT INFORMATION:

Date:	mm/dd/yyyy	Last name:	First:
Email address:			Phone#: () -
Degree Earned:	Major:	Year:	GPA:
Current Employment:	From:		To:

Section B: COURSE(S) TO BE REVIEWED (SCIENCE AND/OR MATH COURSES ONLY)

Approved (OSA staff only)	XU Pre-Pharmacy Requirement	Course to Appeal	Name of College or University	Grade Rcvd.	Term Completed	
					Semester	Year
	General Chemistry I					
	General Chemistry I Lab					
	General Chemistry II					
	General Chemistry II Lab					
	Organic Chemistry I					
	Organic Chemistry I Lab					
	Organic Chemistry II					
	Organic Chemistry II Lab					
	General Biology I					
	General Biology I Lab					
	General Biology II					
	General Biology II Lab					
	General Microbiology					
	General Microbiology Lab					
	General Physics					
	General Physics Lab					
	Pre-Calculus					
	Calculus					
	Biostatistics					

Section C: Brief statement of how the student is currently using the knowledge gained in the courses listed above (e.g. high-school teachers, college instructor, work experience, etc.)

Check (✓) I agree that the above information is accurate. I am also aware that submitting false information can result in denial of the appeal as well as my application to the College of Pharmacy

Print/Sign Name:	Date:
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