



XAVIER UNIVERSITY OF LOUISIANA
College of Pharmacy
Appeal Form
 FALL 2012

Instructions:

- A. Please complete each section.
- B. Submit the Appeal form and an official copy of your transcript(s) to the Office of Admissions, Xavier University of Louisiana, 1 Drexel Drive, New Orleans, LA 70125.

Section A: Student Information

Name _____ ID # _____ Date _____

E-mail Address _____ Phone Number _____

Degree Earned: _____ Major: _____ Year: _____

Anticipated Degree; _____ Major _____ Year: _____

Section B: Course to be Waived

Course Name (Title/Number)	Name of College or University	Course Grade	Term Completed (Semester/Year)

Section C: Advanced Math or Science Courses

Course Name (Title/Number)	Name of College or University	Course Grade	Term Completed (Semester/Year)

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