



**Xavier University of Louisiana College of Pharmacy  
Course Appeal Form**

**DEADLINE DATE TO SUBMIT COURSE APPEAL FORM: December 3, 2018**

**NOTE: Any Math or Science Courses taken before January 2014 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](mailto: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)	(Title/Number) Course Name	Name of College or University	Grade Rcvd.	Term Completed	
				Semester	Year

**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: \_\_\_\_\_