



Xavier University of Louisiana College of Pharmacy
Course Appeal Form

NOTE: Applicants with Math/Science pre-Pharmacy coursework >(greater than) 10 years old at the time of the admissions cycle will be required to retake and satisfactorily complete the coursework to be considered for admissions.

The Admissions Committee will give consideration to applicants applying for admission that have completed or working towards completion of a graduate level degree (Master's or Higher) in a direct focus Math/Science Field.

Instructions:

1. Please complete each section of the Course Appeal Form
2. **Mail this 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)

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

Section C: ADVANCE MATH OR SCIENCE COURSES

(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.)

Print/Sign Name:	Date:
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