OU Health | College of Pharmacy
The UNIVERSITY of OKLAHOMA

Pharm.D. Early Assurance Program

Application Checklist

☐ PEAP Application Date Submitted: _____

☐ Math/Science Reference Date Submitted: _____

☐ Professional Reference Date Submitted: _____

☐ Transcript(s) Date Submitted: _____

☐ ACT/SAT Scores Date Submitted: _____

After Admission Checklist

☐ Pre-Pharmacy Curriculum Date Completed: _____

☐ 10 Hours of Community Service Verification Date Submitted: _____

☐ 10 Hours of Pharmacy Experience Verification Date Submitted: _____

☐ Pharmacy Experience Reflection Sheet Date Submitted: _____

☐ 1st Leadership Development Seminar Date Attended: _____

☐ 2nd Leadership Development Seminar Date Attended: _____

☐ PharmCAS Application Date Submitted: _____