



Pharm.D. Early Assurance Program Application Checklist

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|---|-----------------------|------------------------|
| <input type="checkbox"/> PEAP Application | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Math/Science Reference | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Professional Reference | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Application Essay | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Transcript(s) | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> ACT/SAT Scores (HS only) | Date Submitted: _____ | Date OUCOP Rec'd _____ |

After Admission Checklist

- | | |
|---|-----------------------|
| <input type="checkbox"/> Pre-Pharmacy Curriculum | Date Completed: _____ |
| <input type="checkbox"/> 10 Hours of Pharmacy Experience Verification | Date Submitted: _____ |
| <input type="checkbox"/> Pharmacy Experience Reflection Sheet | Date Submitted: _____ |
| <input type="checkbox"/> 10 Hours of Community Service Verification | Date Submitted: _____ |
| <input type="checkbox"/> 1 st Leadership Development Seminar | Date Attended: _____ |
| <input type="checkbox"/> 2 nd Leadership Development Seminar | Date Attended: _____ |
| <input type="checkbox"/> PharmCAS Application | Date Submitted: _____ |
| <input type="checkbox"/> Supplemental Application | Date Submitted: _____ |