Pharm.D. Early Assurance Program

Application Checklist

☐ PEAP Application  Date Submitted: ____________  Date OUCOP Rec’d__________
☐ Math/Science Reference  Date Submitted: ____________  Date OUCOP Rec’d__________
☐ Professional Reference  Date Submitted: ____________  Date OUCOP Rec’d__________
☐ Application Essay  Date Submitted: ____________  Date OUCOP Rec’d__________
☐ Transcript(s)  Date Submitted: ____________  Date OUCOP Rec’d__________
☐ ACT/SAT Scores  Date Submitted: ____________  Date OUCOP Rec’d__________

After Admission Checklist

☐ Pre-Pharmacy Curriculum  Date Completed: ____________
☐ 10 Hours of Pharmacy Experience Verification  Date Submitted: ____________
☐ Pharmacy Experience Reflection Sheet  Date Submitted: ____________
☐ 10 Hours of Community Service Verification  Date Submitted: ____________
☐ 1st Leadership Development Seminar  Date Attended: ____________
☐ 2nd Leadership Development Seminar  Date Attended: ____________
☐ PharmCAS Application  Date Submitted: ____________
☐ Supplemental Application  Date Submitted: ____________