**The University of Oklahoma College of Pharmacy
Standardized Exam Substitution Request Form
INSTRUCTIONS: Please complete the form below.**

**Substitutions are not guaranteed and additional information regarding your academic record may be requested. Please note that a decision on your request could take up to 3 weeks so please submit this form as soon as possible if you know you are applying. You only need to submit your highest score.**

**If your request is denied you will need to plan on taking the Pharmacy College Admission Test (**[**http://pcatweb.info**](http://pcatweb.info)**). If it is granted, you do not have to take the PCAT. You will be notified of the decision via email.**

**PharmCAS does not accept GRE, MCAT, DAT or OAT scores so you will need to arrange to have the scores sent directly to OUHSC (GRE Code: 6902) (GRE Only) or for MCAT to give permission for us to access electronically (go to** [**https://students-residents.aamc.org/applying-medical-school/article/mcat-scores-medical-schools-and-programs/**](https://students-residents.aamc.org/applying-medical-school/article/mcat-scores-medical-schools-and-programs/) **to see instructions) or email your DAT or OAT scores to** **jennifer-richardson@ouhsc.edu****.**

**Please email form back to Jennifer Richardson, Director of Recruitment & Admissions at** **jennifer-richardson@ouhsc.edu****.**

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| **First Name:** | **MI** | **Last Name** |
| **Email:** | **Cell Phone:** | **Application Year:** |
| **Exam Substitution (circle one):****GRE MCAT****DAT OAT**  | **Test Date (month/year):** | **Overall Scaled Score or Academic Average (DAT):** |

By signing below, I certify that the information I have submitted is accurate and true. I understand that acceptance of my substituted exam is at the discretion of the College of Pharmacy and acceptance is not guaranteed. I understand that it is my responsibility to request the official exam scores and to keep the director informed of the status of my reported scores.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_