## **Howard University**College of Pharmacy

## PETITION FOR RE-ADMISSION

## TO THE DEAN:

I, the undersigned readmission beg				College of 1	Pharmacy	for
[] Fall	[] Sp	oring	[] Summer	Year	: 20	
Name:			I.D. #:			
Mailing Addres	s:					
		Phone #:				
Period Last Enr	olled:	[] Fall	[] Spring	[] Summer	Year: 20_	
Please check to program:	indicate	e the reason	for your sep	aration from	the Pharm	acy
[] Voluntary Wi	ithdrawa	1 [] A	cademic Susp	ension	[] Expuls	ion
Have you attendent in the If "Yes" was cheen	is progr	am? [] Y	es [] No	)	-	last
Name of Institu	tion:					
Location:						
Academic Stand	ding:	[] Satisfac	etory [] Pr	obation	Suspens:	ion

## BACKGROUND INFORMATION

6.	Signature of Applicant:	Date:
5.	If readmitted, how will your educational costs be financed?	
4.	a. b. c.  Please provide any additional information you feel would be hel and the Admissions, Recruitment, and Retention Committee in application for readmission. (Attach an additional sheet, if necessary.)	<del>-</del>
3.	Please attach any documents such as transcripts of work dorstatements of significant relevant experience which will support that are able to perform satisfactorily as a full-time pharmacy student such documents you are attaching.	he view that you
2.	In what specific ways have you been able to overcome or remove causes of your separation from the program? Be as specific as response. (Attach an additional sheet if necessary.)	
1.	What, to the best of your knowledge was/were the underly responsible for your discontinuation of study from the Pharmacy p	

COP - Petition for Readmission (revised 06/27/13-SE)