

**UCSF School of Pharmacy
Office of Student & Curricular Affairs**

Intent to Graduate - 2008

Name: _____

Graduation Quarter: ___ Winter 2008 (file by Feb 1, 2008) ___ Summer 2008 (file by Sept 1, 2008)
 ___ Spring 2008 (file by May 1, 2008) ___ Fall 2008 (file by Nov 1, 2008)

Contact Information:

Current

Permanent (after graduation)

Address _____

Address _____

City _____ State/ZIP _____

City _____ State/ZIP _____

Email _____

Email _____

Phone _____ Pager _____

Phone _____ Pager _____

Pathway: ___ Pharm Care ___ Pharm Health Policy & Management ___ Pharm Sciences

Pharm Care Program Location: ___ Davis ___ Fresno ___ Los Angeles/Orange County ___ San Diego
 ___ San Francisco ___ South Bay

PHPM and PS students: Advisor _____

Licensure

Note: If you are planning to take the NAPLEX and the California Pharmacist Jurisprudence Exam for licensure in California, a transcript request & fee must accompany this form. The OSACA will forward your transcript request and to the Office of Admission & Registrar.

I plan to apply for licensure in (check all that apply):

___ California Other State(s): _____

Graduation Program

Name as you would like to appear in the Graduation program (please print).

first _____ middle _____ last _____

Pathway Requirements

Please attach a copy of a completed pathway worksheet indicating the courses you have taken to fulfill the requirements for your pathway. The OSACA will verify your coursework and forward to the pathway chair for final approval.

Signature

I am filing for graduation for the quarter indicated above. I understand that my graduation date & completion of degree requirements is subject to verification by the School of Pharmacy.

Signature _____

Date _____

Please return this form and: 1) Transcript Request & Fee (if applicable); 2) Pathway Worksheet ; 3) self addressed envelope to:
School of Pharmacy, Office of Student & Curricular Affairs, Box 0150, San Francisco, Ca 94143-0150

For office use only:

Transcript request to OAR on _____ by _____; Worksheet verified on _____ by _____; Sent to advisor on _____ by _____