

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

**Intent to Graduate - 2009**

**Name:** \_\_\_\_\_

**Graduation Quarter:**    \_\_\_ Winter 2009 (file by Feb 1, 2009)                      \_\_\_ Summer 2008 (file by Sept 1, 2009)  
                                 \_\_\_ Spring 2009 (file by May 1, 2009)                                      \_\_\_ Fall 2008 (file by Nov 1, 2009)

**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 fee 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 it 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:  
Lucia Piriano, 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 \_\_\_\_\_