

School of Pharmacy – 2009 Doctor of Pharmacy Degree Candidate Transcript Request

University of California, San Francisco

Student Name: _____

Address: _____

SS#: _____ Birthdate: _____ Number of Copies: 1

Program: School of Pharmacy/Doctor of Pharmacy

Former name (if applicable): _____

Graduation Quarter: _____ (last quarter of attendance)

Note: Hold for Degree Posting

The School of Pharmacy Office of Student & Curricular Affairs will mail transcript to:

California State Board of Pharmacy
1625 North Market Blvd, Suite N219
Sacramento, CA 95834

Signature: _____ Date: _____

The charge for transcripts is \$10.00 per copy, check made payable to UC Regents

Office of Admission & Registrar Use Only:

Paid: _____ Date: _____ Received by: _____ Transcript Sent to S/P: _____