

THE
UNIVERSITY
OF RHODE ISLAND
COLLEGE OF
PHARMACY

Transfer Application Cover Sheet

This form is to be filled out by all students wishing to switch into the professional pharmacy curriculum. It should only be submitted, if you are completing or have completed all of the Pre-Pharmacy requirements at the time of application and have completed all the other pre-admission requirements. If you have taken courses at another institution, please provide an appropriate transcript at the time you submit this form. Interviews will be conducted by the last week of April and decisions will be made in May after grades are available. Good Luck!

Name		URI ID# (if applicable)	
Legal Residence	Address 1:		
	Address 2:		
	City		
	State		
	Zip		
Local Residence	Address 1:		
	Address 2:		
	City		
	State		
	Zip		
Home Phone Number			
Cell Phone Number			
Email Address			
College in which presently registered			
Courses in which presently enrolled			
Signature			