



Transfer Applicant's Name:	
Mailing Address:	
E-mail Address:	
Cell Phone Number:	
Name of College or School of Pharmacy:	
Mailing Address:	
Are you in good academic standing?	
Are you in good conduct standing?	
Name and Title of Person Providing a letter of good Standing (must be the Dean, Associate or Assistant Dean):	
Mailing Address:	
E-mail Address:	
Professional Year in which Applicant is enrolled:	
Residency: Are you a U.S. citizen?	
If not, are you a permanent resident?	

Reasons for Request for Transfer (500 words or less; can attach separate sheet)

I certify that the information is complete and correct to the best of my knowledge.

Applicant's Signature_____

Date_____

Email the completed form to the UNT System College of Pharmacy Office of Admissions at:
processing@unthealth.edu.

Please note that this form is not an application for admission.