

Technical Standards for the Doctor of Pharmacy Program

Student Acknowledgement and Statement

It is the responsibility of the student to request a reasonable accommodation in a timely manner. The student must be able to perform all of the essential functions with or without reasonable accommodations in order to matriculate or continue in the program.

I, _____, (*please print your full name*)
have read and understand the statement of technical standards as outlined above as performance standards necessary for successful matriculation into and completion of the Doctor of Pharmacy program. I understand that if I need further clarifications, I am able to contact the PCP Dean's office, by phone 215.596.8870 or by email **pcp@uscience.edu**.

Signature

Today's Date

Home Address

City

State

Zip

Date of Birth

PLEASE RETURN TO:

University of the Sciences
Attn: Philadelphia College of Pharmacy
600 South 43rd Street
Philadelphia, PA 19104