

COLLEGE OF PHARMACY INFORMATION

Please complete the following information and return this form to the College of Pharmacy. The demographic information provided will be used for the White Coat Ceremony. Please print clearly.

Name: _____

Phonetic spelling of your name: _____

(Please divide by syllable and indicate which syllable is accented by bolding that syllable)

Home Town: _____

Primary College: _____

Local Phone Number: _____

E-mail address: _____

Please return form by July 31st

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