



## Notification of Interest in Residential Graduate Program

Thank you for your interest in the College of Pharmacy residential PhD program!  
Please complete this form and submit to the Office of Graduate Programs in MSB P3-20  
or by email at [GraduatePrograms@cop.ufl.edu](mailto:GraduatePrograms@cop.ufl.edu).

Name:

UF ID:

UF Email:

Pharmacy GPA:

PCAT Score:

Expected PharmD  
Graduation Date:

Expected PhD  
Start Date

Intended Department:

Statement of Intent