



TANEJA COLLEGE OF PHARMACY
PHARMD TRANSFER COURSE FORM

Name (Last, First, MI)

Date

USF ID #

E-mail Address

REQUESTED COURSES

Table with 4 columns: Course, Institution, Semester, Credit Hours

Justification including how the course is applicable to the PharmD program and will benefit your potential career path.

Signature

Date

Requests will not be considered unless the student provides the course syllabus.

Return completed form to: Records and Registration Office in MDC 1117, or email to jwhiteh1@usf.edu

For office use only
TCOP APPROVAL

CC Chair Name

Signature

Date

ADAA Name

Signature

Date