



Midwestern University

PROGRAM TRANSFER REQUEST TO THE COLLEGE OF PHARMACY

Last Name: _____ First Name: _____

Date of Birth: _____ Phone Number: _____

Program(s) Applying For:

College of Pharmacy, Glendale

College of Pharmacy, Downers Grove

Original Program Applied To:

Arizona College of Osteopathic Medicine

Chicago College of Osteopathic Medicine

College of Dental Medicine – Arizona

College of Dental Medicine – Illinois

Physician Assistant Program – Arizona

Physician Assistant Program – Illinois

College of Veterinary Medicine

Chicago College of Optometry

Physical Therapy Program - Illinois

Occupational Studies Program - Illinois

Speech-Language Pathology Program -

Illinois

Clinical Psychology Program - Illinois

I agree to allow the Office of Admissions at Midwestern University to access my application materials and official transcripts for consideration into the College of Pharmacy for this current application cycle.

Applicant's Signature

Date

Please return completed form by email to admissil@midwestern.edu