



AUBURN UNIVERSITY

Harrison College of Pharmacy

Please complete the top portion and ask your academic/pre-health advisor to submit this letter of support to Auburn University.

COMPLETED BY THE STUDENT

Name: _____ Date: _____

Date of Birth: _____ College/University: _____

COMPLETED BY AN ACADEMIC OR PRE-HEALTH ADVISOR

College Official's Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Student's weighted GPA: _____ Total # of credit hours: _____

Student's Expected Graduation or Matriculation Date (MM/YYYY): _____

PLEASE SELECT THE FOLLOWING STATEMENTS (*mark all that apply*)

In order to be eligible to participate in the Harrison College of Pharmacy's Early Assurance Program, a student must meet the specified requirements. This includes being of good academic and behavioral standing. If you have concerns about a student, please email us at apply_hcop@auburn.edu.

This student is in good academic standing

This student is in good behavioral standing

This student is in poor academic standing

This student is in poor behavioral standing

Print Name

Signature

Date

Please send this form along with the student's transcript to apply_hcop@auburn.edu to verify high school support for this student to enter the Early Assurance Program. Electronic transcripts are preferred. Receipt of this form is required for a student's EAP application to be considered complete and eligible for review.