Request to Reschedule Interview Appointment

I have read the information provided on your website and meet one of the conditions approved for submitting an interview appointment rescheduling request. I also understand that if the UCSF School of Pharmacy is unable to reschedule my assigned appointment, I must either accept my original appointment or my application for admission will be canceled.	
Signature of Applicant	Date
You must complete this request in its entirety and submit any supporting documentation requested. Incomplete requests will not be considered. Please print or type the following:	
Name: (Print your full legal name)	PharmCAS ID #:
Telephone: Email:	Alternate phone or Email:
Your original interview appointment:(Date and time)	
I am submitting this request because I meet the following approved condition as detailed on the UCSF School of Pharmacy website (check one):	
☐ Medical Emergency or Illness.	
Letter of verification from health care provider attached / to follow (circle one)	
☐ Conflict with a Religious Observance.	
State the Observance: Date of Observance:	
☐ Conflict with a Professional Examination.	
Name of Examination: Da	te of Examination:
Copy of registration and confirmation attached / to follow (circle one)	
☐ Conflict with a College Course Examination.	
Course Name & Number (e.g. Chemistry 101, General Chemistry):	
Name of Instructor:	Instructor Phone:
	Where Enrolled in Course:
Letter of verification from Instructor attached / to follow (circle one)	
This section for use only by the UCSF School of Pharmacy Office of Student & Curricular Affairs Date:	
Request is: Approved Denied Authorized by:	
Applicant Notified: New Appointment:	Accepted / Declined (circle one)
If declined, did applicant accept original appointment: Yes No (circle one)	
Date Application Canceled: (If applicant declined both the new appointment and the original appointment)	