



# AUBURN UNIVERSITY

Harrison College of Pharmacy

Please complete the top portion and ask your high school counselor/administrator to submit this letter of support with a copy of your transcript to Auburn University.

## COMPLETED BY THE STUDENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ High School Name: \_\_\_\_\_

## COMPLETED BY THE HIGH SCHOOL OFFICIAL

High School Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's weighted GPA: \_\_\_\_\_ \*based on a 4.0 scale

Student's Expected Graduation 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](mailto: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

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Print Name

Signature

Date

Please send this form along with the student's transcript to [apply\\_hcop@auburn.edu](mailto: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.