



I, \_\_\_\_\_, request that my class rank be sent to the following recipient:

\_\_\_\_\_ at the following address:

\_\_\_\_\_

Mailing Address	City	State	Zip
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\_\_\_\_\_

Email
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Please send my information:

\_\_\_\_\_ US Mail

\_\_\_\_\_ Email

\_\_\_\_\_  
Signature of Requesting Student

**Please note that the request will contain the following information:**

[Student Name] has successfully completed the requirements for graduation from Presbyterian College in [month/year]. Based on academic performance, this student has achieved a class ranking of [rank] out of [total number of graduating students] in the Pharmacy Doctoral Program.

This ranking reflects [Student Name's] outstanding academic achievements and dedication while enrolled in our doctoral program.

*The class rank is determined after graduation each May for students who graduated in the previous August and December terms and the current May term.*

*Please remit the completed form to Dr. Serge Afeli, Interim Associate Dean for Academic Affairs, Presbyterian College School of Pharmacy, safeli@presby.edu*