

Directions for application reactivation for entering class of 2010:

- Students wishing to reactivate a previously submitted application are asked to read the following instructions and submit the reactivation request form below.
- We are only accepting reactivation forms for the entering class of 2010.
- Students may reactivate an application within one year of the original application date.
- Only one reactivation may be requested from an original application form.
- Students applying for Pharmacy (PharmD), Physical Therapy (DPT), Occupational Therapy (MOT) or Physician Assistant (MS), will need to submit a new **pre-professional form**, available online:
 - Pharmacy (PharmD)
http://www.usp.edu/Media/Website%20Resources/documents/applying/ppf_pharmacy.pdf
 - Physical Therapy (DPT)
http://www.usp.edu/Media/Website%20Resources/documents/applying/ppf_pt.pdf
 - Occupational Therapy (MOT)
http://www.usp.edu/Media/Website%20Resources/documents/applying/ppf_ot.pdf
 - Physician Assistant (MS)
http://www.usp.edu/Media/Website%20Resources/documents/applying/ppf_pa.pdf
- Please forward college or university transcripts documenting course work you have completed since your original application to the address listed below.
- This reactivation form does not require a new application fee.
- A decision will be made as soon as the number of available transfer spaces has been determined. Notification will commence in the spring.

APPLICATION DEADLINES

- | | |
|-------------------------------|-------------------|
| • Doctor of Pharmacy (PharmD) | December 1 |
| • Physical Therapy (DPT) | December 1 |
| • Occupational Therapy (MOT) | March 1 |
| • Physician Assistant (MS) | March 15 |
| • Other Majors | Rolling Admission |

Please print the form below and submit to:

Admission Office
University of the Sciences in Philadelphia
600 S 43rd Street
Philadelphia, PA 19104

University of the Sciences

APPLICATION REACTIVATION 2009-2010

Legal Name _____ SS# _____
(Last/First) (Maiden/Other)

Legal Name **at the time of our original application** _____
(Last/First) (Maiden/Other)

Address _____ Telephone# _____

Email address: _____

Date of previous application _____
(Month/Year)

Academic Program _____

List any colleges/universities attended since original application to our university. Transcripts from all these colleges **must** be forwarded to the USP Admission Office to complete your updated application.

<u>Name of Institution</u>	<u>Dates Attended</u>	<u>Credits Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all courses **currently in progress and those you anticipate completing prior to USP enrollment.**

Institution Name	Course Title	Semester/Year

Applicant's Signature _____ Date _____