



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

at the following address:

Street Address	City	State	Zip
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Email

Please send my information to this recipient via:

US Mail

Email

Signature of Requesting Student (your typed name will be considered your signature)

Please Note: The requested letter will contain the following information:

The current class rank for, _____, a _____ professional year student within the University of South Carolina College of Pharmacy, is _____ out of a class of _____ students.

The rank included within the requested letter will be current as of the last term which has been completed and processed by the Registrar's Office.

Please remit completed form to Ms. Tia Monroe, Administrative Assistant, at monroeti@cop.sc.edu.