



**COLLEGE OF PHARMACY AND
PHARMACEUTICAL SCIENCES**
THE UNIVERSITY OF TOLEDO

Pharmacy Summer Camp Grade Verification Form

Dear Guidance Counselor:

The following student, _____, has applied to Pharmacy Summer Camp at The University of Toledo. In lieu of an official transcript, please complete and return the following grade verification form. The grade point average is one criteria used in the competitive camp application process.

1. The student's cumulative high school grade point average after fall semester is: _____.
2. Student's expected graduation year: _____
3. Counselor signature and school seal: _____
4. Return to me as either as an email with .PDF file, by fax, or by mail.

Thank you,

Laural Seewer
Coordinator, Pharmacy Summer Camp
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Cell Phone: 419-490-0362
Office Fax: 419-383-1907

Mailing Address:
Attention: Pharmacy Summer Camp
The University of Toledo
College of Pharmacy and Pharmaceutical Sciences
Mail Stop 1013
Toledo, OH 43614-2595