



**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 an email with PDF file, by fax, or by mail.

Thank you,

José L. Treviño
Director of Transfer Services and Recruitment
Pharmacy Camp Coordinator
jose.trevino@utoledo.edu
419-530-1902 ph
419.383.1994 fax

Mailing Address

Pharmacy Summer Camp
The University of Toledo
College of Pharmacy and Pharmaceutical Sciences
3000 Arlington Ave. MS 1014
Toledo, Ohio 43614