

**Xavier University of Louisiana  
College of Pharmacy  
Contingent Admit Program - Personal Statement Form**

Use this form to complete and submit a maximum 500 word "Statement of Interest" detailing your motivation and professional career goals for being a pharmacist. Please submit the form on or before April 15<sup>th</sup> to:

Xavier University of Louisiana  
College of Pharmacy  
Office of Students Affairs  
1 Drexel Drive, New Orleans, LA 70125.  
[copcap@xula.edu](mailto:copcap@xula.edu)

Name \_\_\_\_\_ Xavier University ID or SSN \_\_\_\_\_

e-mail address (please print legibly) \_\_\_\_\_