The University of Tennessee College of Pharmacy
Memphis • Knoxville

Student pharmacists who meet the following criteria and are approved by the Geographic Lottery Appeals Committee will be exempt from the lottery process:
1. Student pharmacist is the parent of a child under 18 years old at the time of the lottery.
   (Supporting documentation: copy of child’s birth certificate)
2. Student pharmacist has a chronic illness that requires treatment from a local physician. (Supporting documentation: required form completed by the personal physician)
3. Student pharmacist is a direct caregiver for a family member with a chronic illness. (Supporting documentation: letter from physician stating that the student is the primary direct caregiver)
4. Student pharmacist has personal ownership of local residential property and/or house prior to admission. (Supporting documentation: Student must provide official documentation of ownership which includes date of purchase)
5. Student pharmacist is married prior to beginning the P3 fall semester. (Supporting documentation: copy of marriage license)
6. Student pharmacist currently enrolled and progressing on time in the dual PharmD/PhD program or University of Memphis MBA program.*
7. The PSGA, APhA-ASP, or SNPhA President.

* a student who fails to successfully progress in the program will forfeit their exemption and will be sent to the campus they were assigned at the time of admission to the College.

<table>
<thead>
<tr>
<th>Student pharmacist name*</th>
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<tbody>
<tr>
<td>Email address</td>
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<td>Cell phone number</td>
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*If student name on supporting documentation is different, please explain.

I am applying for any exemption from the geographic lottery for the following reason(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My signature below certifies that the above statement is true.

Signature Date

These applications will be reviewed by an appeals committee consisting of college administration, faculty, and student pharmacists from the Memphis and Knoxville campuses. All decisions of the exemptions committee will be submitted to the Dean.