

**University of California, San Diego**  
**Skaggs School of Pharmacy and Pharmaceutical Sciences**

**TECHNICAL STANDARDS CERTIFICATION FORM**

Please sign this statement and return it to the School of Pharmacy and Pharmaceutical Sciences Student Affairs Office.

I certify that I have read the “Technical Standards for Admission and Fulfillment of the Requirements for the Doctor of Pharmacy (Pharm.D.) Degree, UCSD School of Pharmacy and Pharmaceutical Sciences,”

I understand the technical standards, and I am able to fulfill them, with or without reasonable accommodation for physical and/or mental disabilities. I understand that, if I intend to request accommodation under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or applicable California law in connection with my attendance at the UCSD School of Pharmacy and Pharmaceutical Sciences, I must register with the UCSD Office for Students with Disabilities. prior to my enrollment in the School or promptly at any time thereafter when the need for a reasonable accommodation becomes apparent to me.

Office for Students with Disabilities Contact Information: Roberta Gimblett, Director  
Telephone: 858-534-4382  
E- mail: [rgimblett@ucsd.edu](mailto:rgimblett@ucsd.edu).

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_