

THE JAMES L. WINKLE COLLEGE OF PHARMACY

SUPPLEMENTAL APPLICATION -- DOCTOR OF PHARMACY – 2010

Please type or print in ink.

PharmCAS ID:

We cannot accept applications without a completed PharmCAS application. To complete your PharmCAS application and receive your PharmCAS ID, go to www.pharmcas.org.

NAME: _____
Last First Middle

ESSAYS:

Type your response to each of the following on a separate sheet of paper. Use multiple sheets if necessary, with your name, PharmCAS ID number, and a page number on each sheet.

1. Describe in detail the extracurricular experiences (leadership, involvement in community service, student and pre-professional activities) you included on the PharmCAS application and how these experiences will shape you as a future pharmacist.
2. Indicate any additional information you feel will be helpful in our appraisal of your application.

CHARGES/CONVICTIONS:

Have you ever been charged or convicted of a felony or a misdemeanor other than a minor traffic violation?

Check one box: YES NO

If you answered YES to this question, include a description of each incident and other information you consider to be pertinent.

YOUR SIGNATURE: _____

I understand that it is my responsibility to update my application as additional information becomes available. I will provide a final copy of an official transcript when I complete all of the pre-pharmacy requirements no later than the first day of enrollment in the College of Pharmacy. I realize ALL pre-pharmacy academic requirements must be completed with a grade of "C" or better in each course. If admitted, I agree to submit to a criminal background check and a drug screen. I certify that the information being submitted is true and correct to the best of my knowledge, and it represents my own expression of thought.

Date: _____ Signature: _____

Must be postmarked by December 1, 2009 and submitted to: University of Cincinnati, James L. Winkle College of Pharmacy, Pharm.D. Application, 3225 Eden Avenue, Cincinnati, OH 45267-0004