



Application for Admission

Sullivan University is an equal opportunity institution. Neither the University nor the College of Pharmacy discriminates against persons because of age, race, sex, religion, handicap, color, national origin or marital status. You are making application to the accelerated Doctor of Pharmacy Program. This is a three, calendar year; year-round educational experience. A Doctor of Pharmacy student takes classes during four quarters each year of the program. Each quarter is eleven (11) weeks. The completion of each section of this application is required, as incomplete applications cannot be processed. The deadline for submission of applications for the July 2013 entering class is January 15, 2013. The College of Pharmacy uses a rolling admissions process, so early application is advised, even if the applicant is completing pre-requisites.

This application may be completed online. However, the applicant must print it, sign it and send the signed copy to the Office of Student Affairs, Sullivan University College of Pharmacy, 2100 Gardiner Lane, Louisville, KY 40205.

A non-refundable \$100.00 application fee must be included with the application in order for it to be processed. Please make your check or money order payable to the Sullivan University College of Pharmacy.

Application Checklist

The following items must be submitted with the application:

- _____ \$100.00 Application Fee
- _____ Two Passport-Style Photos (Copies of Driver's License, Passports, etc...Not accepted)
- _____ Brief Essay
- _____ Curriculum Vitae
- _____ Two Letters of Recommendation along with the Recommendation Forms
- _____ Test of English as a Foreign Language (TOEFL) Results (if applicable)
- _____ Official Transcripts of finished coursework (Must be received by January 15, 2013)

The following items are included in this application:

- _____ Personal Data Information
- _____ Pre-Pharmacy Education/Course Work
- _____ Employment Information
- _____ Signed Application

The following item can be submitted upon official acceptance before the starting date of the class:

- _____ Updated Immunizations (MMR, Hepatitis B, Polio, TDP)
- _____ Doctor's Physical Exam Results

Personal Data

Name: _____
First Middle Last

-Please list any additional names with which you have previously been known:

Permanent Address (Physical Address) _____

City _____ County _____ State _____ Zip _____

Current Address: _____

City _____ County _____ State _____ Zip _____

Telephone No: (_____) _____ Cell Phone (_____) _____

Permanent E-Mail Address: _____

Social Security No: _____ Gender: ___ Male ___ Female

Date of Birth: _____ (mm/dd/yyyy)

Please describe your Ethnic/Cultural Background

African-American ___

Asian/American ___

Caucasian/Non-Hispanic ___

East Indian ___

Hispanic ___

Native American ___

Marital Status

Single ___

Married ___

Country of Citizenship _____

⇒ *If not a US citizen, you must submit proof of legal residence with this application*

Name of Person to contact in case of emergency: _____

Address _____

City _____ State _____ Zip _____

Telephone No. of person to contact: (_____) _____ Cell (_____) _____

Relationship to Applicant: _____

Alternate Person to Contact in case of emergency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. of person to contact: (_____) _____ Cell: (_____) _____

Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____

If you answered "yes" to this question, please explain (you may attach an additional page if required):

Pre-Pharmacy Education/Course Work

Please list all Colleges/Universities you are attending or have attended.

_____	Degree earned _____
_____	Degree earned _____
_____	Degree earned _____
_____	Degree earned _____
_____	Degree earned _____
_____	Degree earned _____

Have you completed all pharmacy prerequisites? Yes _____ No _____

Please list courses you are currently taking and expected dates of completion. Please note when you will be taking any prerequisite courses which you have not yet completed. (If you need additional space, please attach a sheet to the back of this application.)

Course: _____	Completion Date: _____
Course: _____	Completion Date: _____
Course: _____	Completion Date: _____

Please note that all course work must be completed by early summer of 2013 in order to be considered for the July 2013 entering class. Only need three (3) remaining pre-requisites to be able to apply.

Employment Information

⇒ Please include a copy of your Curriculum Vitae with this application. Your CV should include information regarding your education, work experience(s), and other activities such as volunteer services.

Are you currently employed? Yes ___ No ___ Length of Employment: _____

If yes, list place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: (_____) _____

Name of Supervisor: _____

Are you a Pharmacy Technician? Yes _____ No _____

Are you certified? Yes _____ No _____

Letters of Recommendation

Two letters of recommendation are required. These letters should be from individuals such as faculty, advisors, clergy, or healthcare practitioners. The form can be located on our website to be downloaded for your use.

Please inform your Recommenders to promptly return their letters along with the forms directly to the Office of Student Affairs, Sullivan University College of Pharmacy, 2100 Gardiner Lane, Louisville, KY, 40205.

Official Transcripts

It is the applicant's responsibility to be certain that official transcripts of **all course work** are sent to the Office of Student Affairs, Sullivan University College of Pharmacy, 2100 Gardiner Lane, Louisville, KY 40205. Your application **cannot** be processed without all transcripts of courses completed at the time of application. Please be sure to also have final transcripts forwarded to SUCOP for any coursework completed after you submit your application. If you feel you cannot comply with this request due to drastic measures, please contact the Office of Student Affairs to discuss your situation.

Application Essay

Please submit on a separate sheet(s) a brief essay (750-1000 words), telling the Admissions Committee about yourself, your interests, why you chose pharmacy as a career and your future plans in pharmacy.

Applicant Certification

By signing and dating this application, the applicant certifies that all information contained herein is true and accurate and that any false, misleading or incomplete information may result in cancellation of the applicant's admission.

I, _____, further agree to permit the Sullivan University College of Pharmacy to make inquiries, including criminal and credit background checks, as it deems necessary to process my application.

Signed _____

Typed Name _____ Date _____