

GRADUATE APPLICANT PROFILE

Graduate Program in Social, Administrative and Clinical Pharmacy Social and Administrative Pharmacy Track

Please type or print with ink. Return this form to the Director of Graduate Studies, Social and Administrative Pharmacy, College of Pharmacy, University of Minnesota, 308 Harvard Street SE, 7-155 Weaver-Densford Hall, Minneapolis, MN 55455.

Check: Application for SAPH track: _____

PERSONAL DATA

Name: _____ Telephone: _____
Last or Family First Middle

FAX: _____ E-mail Address: _____

Current Address: _____
Number and Street City State Zip Code

Permanent Address: _____
Number and Street City State Zip Code

Country/State of Birth: _____ Country of Citizenship: _____

State of Legal Residence: _____ Social Security Number: _____

DEGREE OBJECTIVE

Proposed Major Field: _____ Specialization within Major Field: _____

Proposed Minor Field: _____ Degree Sought: _____ Proposed Entrance Date: _____

Full-time: _____ Part-time: _____

EDUCATION

Names of Colleges and Graduate Schools	Dates Attended	Graduation Date	Degrees Granted	Major	Cumulative GPA*

*Describe grading system if other than A=4.0, B=3.0, etc.

List any honors, award, or scholastic distinctions you received in college _____

Please provide scores of any standard tests you have taken. Attach photocopy of official scores.

Graduate Record Examination (GRE): Verbal _____ Quantitative _____ Analytical _____ Advanced _____

TOEFL (foreign students only): _____ Other (specify): _____

WORK EXPERIENCE

Employer	Position/Title	Dates	
		From	To

RECOMMENDATIONS

List the names and addresses of three persons well acquainted with your academic work and professional experiences whom you are asking to write letters in your behalf. Be certain to provide your recommenders with the full name and address of the College of Pharmacy, Graduate Studies in Social and Administrative Pharmacy, 308 Harvard Street SE, 7-155 Weaver-Densford Hall, Minneapolis, MN 55455, and request that they send their letters directly to the department. **Misdirected letters may not arrive at their intended destination.**

Name	Position	Institution
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

FINANCIAL AID

NOTE: ADMISSION TO THE GRADUATE SCHOOL IS A PREREQUISITE FOR AWARD OF GRADUATE ASSISTANTSHIPS AND GRADUATE SCHOOL FELLOWSHIPS.

Individual departments award and administer graduate assistantships. While the Graduate School offers a limited number of Graduate School Fellowships, which provide a full stipend plus tuition for one academic year, program nomination is required for consideration. Therefore, information on availability of graduate assistantships, program nomination procedures for Graduate School Fellowships, and deadlines should be obtained directly from the Office of Graduate Studies in Social and Administrative Pharmacy. Graduate School Fellowships are awarded in a single annual competition for which nomination is required in early February. If you are applying for disadvantaged student funds, include a statement that describes your disadvantaged status. For maximum consideration for support, applications for the Fall Semester should be submitted by late January. Please rank your preferences 1st, 2nd and 3rd:

_____ Teaching Assistantship _____ Research Assistantship _____ Graduate School Fellowship

**** ADDITIONAL INFORMATION REQUIRED ****

Please include the following information on separate sheets of paper:

1. An official transcript from each college or university you have attended, including one for any work taken at the University of Minnesota.
2. Your immediate and long-range career objectives in relation to your major field.
3. Three letters of recommendation.
4. If you have had teaching or research experience, a list of courses you have taught and at what level; a description of research projects.
5. A list of original works, if any, that you intend to submit in support of this application: reprints of published papers; theses or unpublished materials; other pertinent materials.
6. Copy of GRE and TOEFL scores.

SIGNATURE OF APPLICANT _____ DATE _____