

## **South University School of Pharmacy**

### **APPLICATION INSTRUCTIONS FOR ADMISSION – JUNE 2011**

**Application Deadline** – February 1, 2011 is the postmark deadline for submitting application materials to PharmCAS for the June 2011 admission. Prompt submission of a properly completed PharmCas application and supplemental application is advised. Interviews are scheduled and competitive acceptances are offered in the order they are received. Individuals submitting their applications after the deadline or submitting partial applications can not be assured consideration for admission for June 2011.

#### **GPA REQUIREMENT:**

To be considered for general application admission, applicants must have at least a 2.8 overall grade point average (on a 4.0 point scale). No grade less than C (2.00) can be accepted for prerequisite courses.

#### **ON-CAMPUS INTERVIEW:**

Interviews for selected qualified applicants will be scheduled on an ongoing basis beginning in October, 2010 and continuing through March, 2011.

#### **CHECKLIST OF REQUIRED APPLICATION FORMS AND DOCUMENTS**

All applicants seeking admission to the Doctor of Pharmacy program must submit a completed application package which includes:

**A properly completed PharmCAS application.**

South University will only accept primary applications submitted through PharmCAS at [www.pharmcas.org](http://www.pharmcas.org). It is the applicant's responsibility to ensure PharmCAS has received all information. South University School of Pharmacy is not responsible for any information that has not been submitted through PharmCAS.

**A properly completed School of Pharmacy supplemental application form.**

Be sure it is typed or neatly filled in, signed and dated.

**A completed Checklist of prerequisites.**

All prerequisite courses must be completed prior to matriculation into the Doctor of Pharmacy program. Students with science courses taken prior to 2003-2004 will be required to retake one modern Biology course and one modern Chemistry course to meet the prerequisite requirements. International credit will not be accepted.

**A non-refundable application processing fee of \$50.00.**

Please make the check or money order payable to **South University – School of Pharmacy**. No fee waivers will be granted.

#### **Application Review Process**

Only complete applications are reviewed and considered for an interview invitation. Applicants will be interviewed by invitation only. All applicants will be notified of their interview status.

**NOTE:** Pharmacy students must obtain an internship license from the Georgia State Board of Pharmacy if attending the Savannah campus or South Carolina State Board of Pharmacy if attending the Columbia campus. Consequently, applicants who are chemically dependent or have been diagnosed with a substance abuse disorder or who have felony convictions are advised to consult with the Georgia Board of Pharmacy, phone number (478) 207-1686 or South Carolina Board of Pharmacy, phone number (803) 896-4501 and other relevant state boards of pharmacy, concerning eligibility requirements for internship and licensure. South University School of Pharmacy makes no determinations of eligibility for licensure. Any change in status resulting from criminal or civil actions should be addressed with the relevant state board of pharmacy immediately upon final disposition of any such action.

**South University School of Pharmacy  
2011 Supplemental Application for Admission**

Please choose the campus that is your **first** choice: **Savannah** \_\_\_\_\_ **Columbia** \_\_\_\_\_

I wish to be considered for admission to the alternate campus if no space is available at my campus of choice. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Personal Information:**

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

Name: \_\_\_\_\_  
Last
First
Middle
Suffix

Preferred Name or Nickname: \_\_\_\_\_

**Correspondence Information:**

Current Mailing Address (All correspondence will be mailed to this address until otherwise notified).  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The following prerequisite courses must be completed by June 1, 2011. Please indicate with a mark the courses you have completed:

Completed	Course	Completed	Course
	English Composition		General Biology I and Lab**
	Literature (British, American, World)		General Biology II and Lab**
	History		Chemistry I and Lab**
	Psychology (Intro or General)		Chemistry II and Lab**
	Economics (Micro or Macro)		Organic Chem. I and Lab**
	Public Speaking		Organic Chem. II and Lab**
	Elective*:		Physics I
	Elective*:		Calculus
	Elective*:		Anatomy and Physiology I
			Anatomy and Physiology II

\*Electives must fall in the Humanities, Arts or Behavioral/Social Sciences. International credit will not be accepted. Students with science courses taken prior to 2003-2004 will be required to retake one modern Biology course and one modern Chemistry course to meet the prerequisite requirements. \*\*All lab courses must be live; we will not accept labs taken online.

**General Information:**

Do you wish to apply for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you previously applied to South University? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, year of most recent application: Year \_\_\_\_\_  
Are you applying to other institutions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_  
\_\_\_\_\_

How did you learn about South University’s School of Pharmacy? (Check all that apply)

South University Publications \_\_\_\_\_ Campus Visit \_\_\_\_\_  
Professional Publications \_\_\_\_\_ Direct Mailing \_\_\_\_\_  
Pharmacists \_\_\_\_\_ College Fair \_\_\_\_\_  
South University Student \_\_\_\_\_ Advisor \_\_\_\_\_  
Another Pharmacy School \_\_\_\_\_ Internet \_\_\_\_\_  
Other \_\_\_\_\_

**NOTE: If you answer yes to any of the following questions, submit a full statement of the relevant facts on a separate sheet to accompany this application.**

Do you have any withdrawals, incompletes, or failing grades on your school transcript?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with or subject to disciplinary action, including probation or suspension based on your scholastic performance, or any type of misconduct at any educational institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence or the revocation or suspension of your driver’s license (including traffic violation which resulted in a fine of \$200 or more)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a professional license or certificate revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Release**

In consideration for acceptance into the Doctor of Pharmacy Program I acknowledge that there may be risks and liabilities inherent to entering this program and the pharmacy profession. I agree to release the university, its officers, faculty, staff and participating students from any damages associated with my participation in this program

**Immunizations**

We require the following immunizations: **Mantoux Tuberculin** (TB – the two-step test is required if you have never been tested or if test results are older than one year); **Measles/Mumps/Rubella** (MMR – two vaccinations are required); **Hepatitis B** (Three-series vaccination. Written documentation of each shot for the entire series is required); **Varicella** (Written verification of the chicken pox or the varicella vaccination is required); **Tetanus/Diphtheria** (Booster shots are required every ten years).

We require that all immunization forms must be completed and submitted to South University six weeks prior to matriculation.

**Video**

All classes are videotaped for instruction at the satellite campus. Applicants should be aware that their image may be used in any telecast regarding course instruction.

**Attestation**

Be sure to read the following statements and sign this document in the space below. Make a copy of this document for your personal records.

**I hereby apply** for admission to the South University Doctor of Pharmacy Program and, if admitted, agree to obey all rules and regulations of the university and the Doctor of Pharmacy Program.

**I hereby affirm** that to the best of my knowledge, all information furnished in this application is complete and accurate. I understand that withholding information requested or giving false information will invalidate my application, thereby making me ineligible for admission or subject to termination from the program. I have read, understand and agree to the provisions for admission including the medical release and the deadlines for application to the program.

**I hereby authorize** any current employers, former employers, schools, or references to give South University any and all information which they may have about me, my employment history, or education, and I waive any rights or claims with respect to such information and its release to South University. I understand and agree that the application process may include a comprehensive background check.

**I hereby acknowledge** understanding that the South University Doctor of Pharmacy Program seeks to maintain the highest standards of education and professional practice. I further agree to submit to any lawful drug test requested by the South University School of Pharmacy or affiliate institutions which may deem, at their sole discretion, to be reasonably necessary to maintain a drug free educational environment and/or to protect the safety of the public.

By this application, you: (a) certify that your information on this application is true and complete; (b) agree that we may request a consumer credit report about you from one or more credit reporting agencies; (c) agree that we may ask third parties, governmental agencies and credit reporting agencies to verify information about you; and (d) agree that we may share information with lenders. We will, upon your request, inform you if we requested a consumer report about you and provide you with the name and address of the consumer reporting agency that furnished the report. You understand that you are providing "written instruction" to us under the Fair Credit Reporting Act authorizing us to obtain information from your personal credit file.

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APPLICANT SIGNATURE

DATE

**The 2011 South University School of Pharmacy  
Supplemental Application fee is \$50.00. Please make checks payable to:**

**South University School of Pharmacy**

Please mail completed application along with your non-refundable fee to:

**South University School of Pharmacy  
Office of Admissions  
709 Mall Boulevard  
Savannah, Georgia 31406**

**Please make sure you have signed your application form and have made a copy for your personal records.**

**Application deadline to PharmCAS is February 1, 2011.** Early applications will take precedence for selection. Applications are reviewed, interviews are scheduled and competitive acceptances are offered in the order they are received. Applications that are positively reviewed will be placed in a Candidacy for Admission category. Selected qualified applicants will be notified of their eligibility for personal on-campus interviews.

## **Classes begin June 2011**

**Equal Opportunity.** In compliance with federal, state, and applicable laws, the university does not discriminate in the recruitment, selection, training or utilization of students participating in or removal from, this academic experience because of race, creed, religion, color, sex, age, national origin, genetic marker, disability or any other category protected by state, local or federal law. All candidates must meet the technical standards for the Doctor of Pharmacy Program.

Additional Demographic Information:

**Demographic Information:**

This **optional** information will in no way affect our consideration of your application for admission. It will be used to help evaluate our efforts to provide equal education opportunity for all incoming students and to provide accurate information to federal and accrediting agencies. Please indicate your current status:

Are you a:

U.S. Citizen? \_\_\_\_\_

Permanent Resident? \_\_\_\_\_

State of Residence: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Ethnicity:

White, Non-Hispanic \_\_\_\_\_

Pacific Islander \_\_\_\_\_

Black, Non-Hispanic \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_

Hispanic \_\_\_\_\_

Other \_\_\_\_\_

Asian \_\_\_\_\_

Gender: Male \_\_\_\_\_

Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_