

APPLICATION FOR ADMISSION

To apply for admission to St. Louis College of Pharmacy, complete all sections of the application below. Return this form with a nonrefundable \$55 application fee.

St. Louis College of Pharmacy admits students regardless of race, color, national or ethnic origin, disability, age, or sex, nor does it discriminate to these or any individual in any of its educational programs, activities, or employment policies as required by Section 504 of the Rehabilitation Act and by Title IX of the 1972 Education Amendments. Inquiries regarding compliance with Title IX or Section 504 may be directed to Human Resources or to the director of the office for civil rights, Department of Education, Washington, D.C.

PERSONAL INFORMATION

NAME:

LAST

FIRST

MIDDLE

PREFERRED

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ARE YOU HISPANIC OR LATINO? YES NO

SELECT ONE OR MORE OF THE FOLLOWING RACES:

AMERICAN INDIAN OR ALASKA NATIVE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

ASIAN

WHITE

BLACK OR AFRICAN AMERICAN

ADDITIONAL COMMENTS REGARDING RACE/ETHNICITY?

WHAT SEX WERE YOU ASSIGNED AT BIRTH? FEMALE MALE

WITH WHAT GENDER DO YOU IDENTIFY? FEMALE MALE SELF-IDENTIFY

CITIZENSHIP STATUS: U.S. CITIZEN RESIDENT ALIEN NONRESIDENT ALIEN

IF YOU ARE HERE ON A VISA, WHAT TYPE OF VISA IS IT?

F-1 FOREIGN STUDENTS AT AN APPROVED ACADEMIC INSTITUTION

F-2 SPOUSE OR QUALIFYING CHILD OF AN F-1 NONIMMIGRANT

H-1B FOREIGN NATIONAL IN SPECIALTY OCCUPATION

J-1 FOREIGN NATIONALS IN EXCHANGE VISITOR PROGRAM IN THE US

J-2 SPOUSE OR QUALIFYING CHILD OF A J-1 NONIMMIGRANT

M-1 FOREIGN NATIONALS AT OISS-APPROVED VOCATIONAL SCHOOL

M-2 SPOUSE OR QUALIFYING CHILD OF A M-1 NONIMMIGRANT

CITIZENSHIP:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

PLEASE EXPLAIN THE CIRCUMSTANCES OF YOUR CONVICTION:

PERMANENT ADDRESS

Please provide the permanent address to which we should mail any official communication.

ADDRESS:

STREET

CITY

STATE

ZIP

COUNTY

COUNTRY

CONTACT INFORMATION

Tell us how we can best get in contact with you.

HOME PHONE:

MOBILE PHONE:

MAY WE TEXT YOU? YES NO

IF YES, PLEASE LIST YOUR WIRELESS CARRIER:

PERSONAL EMAIL ADDRESS:

PREFERRED COMMUNICATION METHOD:

- CALL ME ON MY MOBILE PHONE.
- TEXT ME ON MY MOBILE PHONE.
- CALL ME ON MY HOME PHONE.
- EMAIL ME.

FAMILY ALUMNI

List any family members who have attended St. Louis College of Pharmacy. Please provide their full name(s) and relationship to you.

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APPLICATION INFORMATION

Please indicate when and for which bachelor's degree program you are applying.

NOTE: Applicants who wish to apply for admission into the first professional year of the Doctor of Pharmacy program must apply using the Pharmacy College Application Service (PharmCAS) at pharmcas.org.

ANTICIPATED ENROLLMENT YEAR: FALL SPRING YEAR 20 _____

IN WHICH BACHELOR'S DEGREE PROGRAM ARE YOU MOST INTERESTED?

- BACHELOR OF SCIENCE IN PHARMACEUTICAL SCIENCES/PRE-PHARMACY
(SELECT THIS OPTION TO INTEGRATE WITH THE DOCTOR OF PHARMACY)
- BACHELOR OF ARTS IN GLOBAL HEALTH
- BACHELOR OF ARTS IN MEDICAL HUMANITIES
- BACHELOR OF SCIENCE IN BIOMEDICAL SCIENCES
- BACHELOR OF SCIENCE IN PHARMACEUTICAL CHEMISTRY
- BACHELOR OF SCIENCE IN NURSING (GOLDFARB DUAL ADMISSION)
- UNDECIDED

Students seeking dual admission to Goldfarb School of Nursing at Barnes-Jewish College ("Goldfarb") and St. Louis College of Pharmacy ("the College") nursing options must complete an Intent to Enroll form for nursing and corresponding FERPA release forms which authorizes the College to share appropriate admissions, financial, and academic information with Goldfarb.

ARE YOU INTERESTED IN ANY OF OUR COOPERATIVE DEGREE PROGRAMS?

- INTEGRATED "3+2" BACHELOR'S DEGREE AND MASTER OF SCIENCE (M.S.) IN OCCUPATIONAL THERAPY*
- INTEGRATED "3+3" BACHELOR'S DEGREE AND CLINICAL DOCTORATE OF OCCUPATIONAL THERAPY (OTD)*
- "4+3" BACHELOR'S DEGREE AND DOCTOR OF PHYSICAL THERAPY (DPT)*
- INTEGRATED DOCTOR OF PHARMACY (PHARM.D.) AND MASTER OF BUSINESS ADMINISTRATION (MBA)**

*Offered in partnership with Washington University in St. Louis

**Offered in partnership with University of Missouri -- St. Louis

DECISION DEADLINES

Spring 2019 Admissions (term begins Monday, Jan. 14)

To apply for admission for the spring 2019 semester, submit all application materials and deposit by Friday, Jan. 11.

Are you applying for admission in spring 2019? The deadline to apply is January 11. YES NO

Fall 2019 Admissions (term begins August 2019)

Please indicate if you are applying for Early Action or Early Decision. If you select "No" for both, your application will be reviewed under Regular Decision (Deadline: March 1) and you will be required to submit all supplemental materials required for Regular Decision.

Are you applying for admission in fall 2019 under early action? The deadline to apply is December 1. YES NO

Are you applying for admission in fall 2019 under early decision? The deadline to apply is December 1. YES NO

Visit stlcop.edu/admissions to learn about Early Action and Early Decision.

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EDUCATION HISTORY

HIGH SCHOOL INFORMATION

Please provide information about your high school.

WHAT HIGH SCHOOL DID YOU ATTEND? _____

IN WHAT CITY AND STATE IS IT LOCATED? _____

WHAT DATE DID YOU GRADUATE OR DO YOU ANTICIPATE GRADUATION FROM HIGH SCHOOL? _____

CLASS RANK: _____ OF _____ SENIORS GPA (4.0 SCALE): _____
PLEASE CONVERT TO 4.0 SCALE

HAVE YOU PARTICIPATED IN THE BEST SUMMER PHARMACY INSTITUTE OR THE STEM HEALTH SCIENCES ACADEMY? NO YES

IF YES, WHICH ONE? _____

DUAL COLLEGE CREDIT EARNED DURING HIGH SCHOOL

If you earned dual college credit during high school, please provide the name and location of the college from which you earned credit.

FALL SEMESTER

COURSE 1: _____

COURSE 2: _____

COURSE 3: _____

COURSE 4: _____

COURSE 5: _____

COURSE 6: _____

COURSE 7: _____

SPRING SEMESTER

COURSE 1: _____

COURSE 2: _____

COURSE 3: _____

COURSE 4: _____

COURSE 5: _____

COURSE 6: _____

COURSE 7: _____

INTERESTS AND ACTIVITIES

Please tell us about activities in which you have participated and may be interested in exploring on campus.

SELECT ALL THAT APPLY.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> BAND | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> SOCCER | <input type="checkbox"/> THEATER PRODUCTIONS |
| <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> CHOIR | <input type="checkbox"/> STUDENT COUNCIL | <input type="checkbox"/> VOLLEYBALL |

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PARENT/GUARDIAN INFORMATION

Please provide information for your parent(s) or guardian(s).

PARENT/GUARDIAN 1 INFORMATION

FULL NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

OCCUPATION _____

HIGHEST LEVEL OF EDUCATION

MIDDLE SCHOOL/JUNIOR HIGH

HIGH SCHOOL

COLLEGE OR BEYOND

OTHER OR UNKNOWN

PARENT/GUARDIAN 2 INFORMATION

FULL NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

OCCUPATION _____

HIGHEST LEVEL OF EDUCATION

MIDDLE SCHOOL/JUNIOR HIGH

HIGH SCHOOL

COLLEGE OR BEYOND

OTHER OR UNKNOWN

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EMERGENCY CONTACTS

FIRST EMERGENCY CONTACT

FULL NAME _____

PHONE NUMBER _____

SECOND EMERGENCY CONTACT

FULL NAME _____

PHONE NUMBER _____

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APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

Please return this application with a nonrefundable application fee of \$55. Re-admit and re-application students do not need to submit an application fee if previously paid. (Make checks and money orders payable to St. Louis College of Pharmacy.)

Office of Admissions
Enrollment Services
St. Louis College of Pharmacy
4588 Parkview Place
St. Louis, MO 63110-1088
admissions@stlcp.edu

It is recommended that you retain a copy of this application and refer to this guide or to the Academic Catalog (stlcp.edu/catalog) for specific information on acceptance, deposits, and deadlines.