

APPLICATION FOR ADMISSION

Please complete all the information below and return this form with a nonrefundable \$55 application fee. Re-admit and re-application students do not need to submit an application fee if previously paid. Incomplete applications will be returned to the applicant for completion and may delay an admission decision and notification.

Personal Information

NAME: _____
LAST FIRST MIDDLE PREFERRED

SOCIAL SECURITY NUMBER: _____

Contact Information

MAILING ADDRESS: _____
STREET

CITY COUNTY STATE ZIP

HOME PHONE: _____ **CELL PHONE:** _____

WORK PHONE: _____ **EMAIL:** _____

Admission Plan

ENROLLMENT: **EARLY ACTION** **EARLY DECISION** **REGULAR DECISION**
(DEC. 1 DEADLINE) (DEC. 1 DEADLINE) (MARCH 1 DEADLINE)

ENTRY TERM: **FALL** **SPRING** YEAR 20 _____

HOUSING: **ON CAMPUS** **OFF CAMPUS** **WITH PARENT(S)**

Pharmacy Experience

HAVE YOU HAD ANY EXPERIENCE IN PHARMACIES? **NO** **YES**

HOW LONG? _____

NAME OF PHARMACY: _____ **PHONE:** _____

PHARMACIST'S NAME: _____

APPLICATION FOR ADMISSION

Statistical Information

Information in this section is requested for reports the College provides to federal and other agencies, which collect data to ensure equal opportunity. You are not required to answer these questions; however, your cooperation is appreciated. THIS INFORMATION IN NO WAY INFLUENCES DECISIONS ON ADMITTANCE.

GENDER:

Male Female

BIRTH DATE: _____

MM/DD/YY

ETHNIC ORIGIN:

NONRESIDENTIAL ALIEN

BLACK OR AFRICAN AMERICAN

RACE AND ETHNICITY UNKNOWN

NATIVE HAWAIIAN OR

HISPANICS OF ANY RACE

OTHER PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

WHITE

ASIAN

TWO OR MORE RACES

COUNTRY OF BIRTH: _____

COUNTRY NAME

PRIMARY LANGUAGE:

ENGLISH

OTHER: _____

Legal Information

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

NO

YES

IF YES, DATE AND EXPLANATION: _____

Family Alumni

List any members of your family who have attended St. Louis College of Pharmacy. Provide full name(s), class year(s), and relationship(s) to you.

Family Contact

FATHER'S NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET

CITY

COUNTY

STATE

ZIP

PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

MOTHER'S NAME: _____

LAST

FIRST

MIDDLE

ADDRESS (if different): _____

STREET

CITY

COUNTY

STATE

ZIP

PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

APPLICATION FOR ADMISSION

Emergency Contact

NAME: _____
LAST FIRST MIDDLE
HOME PHONE: _____ **WORK PHONE:** _____

High School Information

HIGH SCHOOL: _____ **GRADUATION DATE:** _____
NAME MM/YY
ADDRESS: _____
STREET

CITY COUNTY STATE ZIP
GUIDANCE COUNSELOR: _____ **PHONE:** _____
NAME
CLASS RANK: _____ **OF** _____ **SENIORS** **GPA (4.0 SCALE):** _____
PLEASE CONVERT TO 4.0 SCALE

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? NO YES

IF YES, PLEASE EXPLAIN: _____

Test Information

ACT SCORES: _____ **DATE TAKEN:** _____
MM/DD/YY
COMPOSITE ENGLISH MATH READING SCIENCE REASONING WRITING
SAT SCORES: _____ **DATE TAKEN:** _____
MM/DD/YY
COMPOSITE MATH CRITICAL READING

ARE YOU PLANNING TO RETAKE ACT/SAT? NO YES **TEST DATE:** _____
MM/DD/YY

HAVE YOU EARNED ANY ADVANCED PLACEMENT (AP), INTERNATIONAL BACCALAUREATE (IB) OR DUAL ENROLLMENT CREDIT IN HIGH SCHOOL?

NO YES **LIST COURSES:** _____

Citizenship

ARE YOU A UNITED STATES CITIZEN? NO YES
IF NO, LIST COUNTRY OF CITIZENSHIP: _____
COUNTRY OF BIRTH: _____
COUNTRY NAME

ARE YOU A PERMANENT RESIDENT? (APPLIES TO NON-CITIZENS ONLY) NO YES

APPLICATION FOR ADMISSION

Sign and Return

I give permission to release information regarding my academic and financial aid record (*i.e.*, grades, GPA, grade level, attendance, scholarships, account balance) to my parent(s), stepparent(s), spouse, or guardian(s). Failure to answer will be considered a “no” response and information will not be released upon request.

Yes No

NOTE: All information released will require a written, signed request from the student for signature verification. Please refer to the section of this booklet titled “Family Education Rights & Privacy Act” (FERPA) or the Academic Catalog (stlcop.edu/catalog) for specific details on the rights of students, parents, and spouses. FERPA is a federal law designed to protect the privacy of students’ educational records.

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.

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

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