



COLLEGE OF PHARMACY

Supplementary Application

Graduate Programs

NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone-Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

The following items are required of all applicants. Have these sent directly from the appropriate agency or individuals to:
Director of Graduate Studies
College of Pharmacy
University of Cincinnati Academic Health Center
Health Professions Building, Room 136
Cincinnati, OH 45267-0004

- 1. Complete official transcripts of all undergraduate and graduate work.
2. Three evaluations from individuals listed on the University Graduate Application Form.
3. Graduate Record Examinations Scores: Date taken or Date to be taken
4. TOEFL Examination Scores: Required of all students whose native language is other than English. Date taken or Date to be taken

Indicate the degree sought and whether full or part-time. OVERALL undergraduate grade point average (based on a 4.0 system) if international; indicate division, rank, average, or percentage of marks received

For the M.S. and Ph.D. degrees, indicate your area(s) of research within the pharmaceutical sciences. If more than one, rank up to three (3) disciplines numerically with 1 = most desired.

- Biopharmaceutics
Cosmetic Science (thesis, full-time)
Pharmaceutics/Drug Delivery
Pharmacokinetics
Pharmacology
Social and Administrative Science

MS Drug Development (part-time program, by permission only. Please see pharmacy.uc.edu for details)
MS Distance Learning Cosmetic Science (part-time, non thesis, by permission only. Please see pharmacy.uc.edu for details) When completing the University application, you will select: Pharmaceutical Sciences Distance Learning: MS.

Submit a statement of your reasons for applying to the graduate program of your choice. Also attach a summary of your education and work career to date (curriculum vitae), list any publications, presentations, research activities, special training and honors received.

NOTE: Application fee of \$40.00 is to be submitted directly to University Dean's Office with the Application Form for Graduate Study, as noted on that application. I certify that the information on this application is correct and accurate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_