

The University of Kansas School of Pharmacy

Application for Admission to the Non-Traditional Doctor of Pharmacy Program A Professional Degree Offered Through the Edwards Campus

1. Applicant Information:

Legal Name: Last _____ First _____ Middle _____ Other (Maiden) _____

Preferred Name _____ State(s) licensed to practice pharmacy in and license numbers _____

Social Security number _____ Gender: Female Male Birth date: month/day/year _____/_____/_____

Mailing address: Street _____ City and state _____ ZIP code _____ County, if Kansas _____

Home phone: Area code & phone number _____ E-mail address: _____

2. Kansas Residency Information:

Are you a resident of the state of Kansas? yes no

If "yes," when did you begin living continuously in Kansas? _____/_____/_____
Month/day/year

If "yes," where?

Address _____ City and state _____ ZIP code _____

Last year, did anyone claim you as a dependent for income tax purposes? yes no
If "yes," Who? _____

Name _____ Relationship to you _____

Address _____ City & State _____ Zip Code _____

- Are you a KU employee or a dependent of one? yes no

- Are you a member of the U.S. Armed Forces? yes no

- If "yes," is the duty station in Kansas? yes no

- Will you have moved to take a job in Kansas before you enter KU? yes no

3. Ethnic Background (optional information):

1. American Indian or Alaskan Native 2. Asian or Pacific Islander 3. African American 4. Hispanic 5. Non-U.S. Citizen 6. White

4. Enrollment Status

Have you ever applied to KU before? yes no If "yes," for what semester and year did you apply?

Year: _____ Semester: Fall Spring Summer

How many college credit hours will you have earned when you enter KU? _____

5. Citizenship:

Are you a U.S. citizen? yes no If "no," are you a permanent resident? yes no If you are a permanent resident alien, please provide your alien registration number: _____ Is English your first language? yes no

6. Program of Study:

The major/degree code for the Non-Traditional Pharm.D. Program is: 0578

7. Educational Information:

High School Name _____ City and State _____ Graduation date _____

8. Post-secondary Education:

Please list all educational institutions you've attended since high school. Request that each school send the Office of the Director of Non-Traditional Pharm.D. Education an official transcript. Please note that omitting school information will be grounds for revoking an offer of admission or for dismissal from KU. Attach extra sheets if needed.

Name of school	City and State	Dates	Degree earned
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____

9. Work Experience:

List all work and military experience you have had the past ten years or since your graduation from Pharmacy School. Attach extra sheets if needed.

Name of Employer	City and State	Dates	Job Title
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____

10. Courses In Progress:

List all courses you are currently enrolled in or will finish before entering KU. Attach extra sheets if needed.

Current courses	Credit hours
_____	_____
_____	_____

11. Mailing Application and Fee:

For admission, send \$250 applicant fee (check or money order, not cash) and completed application packet to:

**KU School of Pharmacy
Office of Non-Traditional Pharm.D. Education
1251 Wescoe Hall Drive – 6050 Malott Hall
Lawrence, KS, 66045-7582**

12. Student Certification and Signature:

I certify that the information provided in this application is true and accurate without evasion or misrepresentation. I understand that this application is a legally binding document and if this information is found to be false or misleading, this fact alone will be sufficient cause for my admission to be denied or revoked and my enrollment to be canceled.

Applicant's signature

Date

The University of Kansas commits itself to providing policies and programs that allow equal opportunity for employment, conditions of employment, services and participation in activities of the university regardless of race, religion, color, sex, disability, national origin, ancestry, sexual orientation, marital or parental status, and, to the extent specified by law, age, or veteran status. In consideration of being accepted into the University of Kansas Non-traditional Pharmacy Doctoral Program, I consent to the jurisdiction, of the state courts of Kansas and the venue of Douglas County, Kansas, and the federal U.S. District Court for the District of Kansas, sitting in Topeka, Kansas, for any claim, action, or judicial proceeding arising out of or related to the aforementioned University of Kansas educational program, and I agree that any such claim or cause of action shall be subject to, governed, and construed according to the laws of the State of Kansas

Recommended for Admission Yes <input type="checkbox"/> No <input type="checkbox"/> _____ <div style="text-align: right; font-size: small;">Pharmacy School Representative Signature</div>
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