

CHICAGO STATE UNIVERSITY

College of Pharmacy
Supplemental Application Fall 2012

Mail to: College of Pharmacy
Attn: Office of Student Affairs
9501 S. King Dr.
Douglas Hall 206
Chicago, IL 60628



Please complete and return this application (pages 1, 2, 3, 4, 5, 6 and 7 along with the Pre-Pharmacy Coursework GPA Worksheet) to Chicago State University College of Pharmacy, Office of Student Affairs with your \$50.00 **non-refundable** processing fee. Make your check or money order payable to **Chicago State University**. The deadline for submission of this application is **March 1, 2012**.

PLEASE PRINT OR TYPE, PRINT AND MAIL

Social Security: #	_____ - _____ - _____	PharmCAS ID	_____
Name:	(Last) _____	(First) _____	(Middle) _____
Other name(s) records may be under:	_____		
Preferred Name/Nickname:	_____		
Preferred Mailing Address:	(Street) _____		
	(City) _____	(State) _____	(Zip) _____
Telephone #(s)	(Home) _____	(Work) _____	_____
E-Mail Address	_____		
Is this information different from what is on your PharmCAS Application?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever enrolled in any college of pharmacy or any other health professions education/ training program as a candidate for a certificate or degree?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever applied to a degree program at this university before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state program/date:
Have you successfully completed a nationally recognized Pharmacy Technician certification program (i.e. PTCB)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of the certification document.

Responses to the following 3 questions/statements are REQUIRED components of this application.

Attach responses to the following questions/statements.

- Please remember to place your name and last four digits of your social security number at the top of each page.
- Please limit your response to no more than a total of 250 words for each question.
 1. Why are you interested in a career in pharmacy and how will obtaining your pharmacy degree from Chicago State University-College of Pharmacy help you accomplish your career goals?
 2. Please describe experiences that you feel have prepared you for success in a professional learning environment, particularly experiences where you have demonstrated leadership and/or professional excellence.
 3. Please describe, as applicable, any personal or academic matters you feel may assist the Admissions Committee in reviewing your application for admissions (i.e. interests or personal abilities/attributes; personal hardships which you have overcome; academic disadvantages in your previous education).

Extracurricular Activities (college to present): Please list the extracurricular activities and, professional memberships in which you participated. Identify any offices held while participating in these activities (you may use a separate sheet of paper).

EXTRACURRICULAR ACTIVITY AND ORGANIZATION MEMBERSHIPS	OFFICES HELD	DATES

Community/Volunteer Activities (U.S. college to present): Describe the activity in which you participated, other than those related to extracurricular, including the approximate number of volunteer hours per week served with each organization/activity. **Do NOT** list activities listed above or activities from other countries. List recurring activities first.

COMMUNITY/VOLUNTEER ACTIVITIES	APPROXIMATE HOURS PER WEEK	DATES

Academic Year Employment: Beginning with your current position, **list in reverse chronological order all full and part-time employment.** Include position titles, dates, approximate hours worked per week during the academic year and place of employment. (You may use a separate sheet of paper-**DO NOT** attach a resume).

START DATE	END DATE	HOURS WORKED PER WEEK WHILE ATTENDING SCHOOL	POSITION & RESPONSIBILITIES	EMPLOYER (NAME, ADDRESS, TELEPHONE)
Mo./Yr.	Mo./Yr.			

Crime Awareness and the Clery Act

In compliance with the Jeanne Clery Disclosure of Campus Crime Statistics Act, 20 U.S.C. 1092, the Annual Campus Security Report is available on the CSU Police Department website at <http://www.csu.edu/CSUPolice/index.htm>.

The Annual Security Report contains crime statistics for the three previous calendar years of reported crimes that occurred on campus or on public property within or immediately adjacent to campus. It also contains information on (1) the reporting of crimes or emergencies, (2) security of, and access to, campus facilities, (3) university police law enforcement authority, (4) security awareness programs and practices, (5) crime prevention programs, (6) drug and alcohol policy programs, (7) crime statistics, (8) where to find information on Illinois registered sex offenders, and (9) policy and procedures regarding sexual assault.

Individuals can request a paper copy of the report by submitting a written request to the CSU Police Department, 9501 S. King Dr O&M Building Room 210, Chicago, IL 60628-1598. If additional information is required regarding campus safety and security measures, please contact the CSU Police Department at 773-995-2113.

Additionally, in compliance with Illinois P.A. 95-764, and in an effort to educate the campus community about sexual assault (including prevention and awareness of sex offenses, procedures to follow if a sex offense occurs, procedures for on campus disciplinary action, possible sanctions, and distribution), online resources and campus –sponsored awareness programs are offered on an ongoing basis throughout the year. Information about above policies, procedures, services, and programs can be obtained from the Department of Student Affairs, CSU Police Department and the Student Handbook.

Applicant's Signature

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of information is sufficient grounds for revoking my admission or registration.

Print Name	Signature	Date

Chicago State University College of Pharmacy policy is to be in full compliance with all federal and state nondiscrimination and equal opportunity laws, orders, and regulations, and the University will not discriminate against any persons because of race, color, sex, sexual orientation, religion, national origin, age, disability, or status as a veteran.

Ethnic and Racial identification for U.S. Citizens & Permanent Residents only (optional)

*Your responses to the Ethnic and Racial questions are optional and will not affect the admission [or change **admission** with **employment** as needed] decision; it is requested so that we may demonstrate to federal and state agencies that this institution is in compliance with appropriate regulations.*

First, identify whether or not your ethnicity is Hispanic or Latino, regardless of race. Second, select one or more races from the five racial groups.

Ethnic Identification (Select one)	Hispanic or Latino Not Hispanic or Latino
Racial Identification (Select one or more)	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White