

# CHICAGO STATE UNIVERSITY

## College of Pharmacy Supplemental Application

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



Please complete and return this application to Student Affairs. Include a **non-refundable** processing fee of \$50.00.  
Make your check or money order payable to **Chicago State University**. The deadline for submission of this application is **March 2, 2009**.  
*Please type or print using black ink to complete the application*

**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?  Yes  No

Have you ever enrolled in a health professions education/ training program as a candidate for a certificate or degree?

Yes  No      If yes, please explain: \_\_\_\_\_

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Have you ever applied to a program at this university before?

Yes  No      If yes, please state program/date: \_\_\_\_\_

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Have you successfully completed a Pharmacy Technician certification program?

Yes  No      If yes, please provide a notarized copy of the certification document. \_\_\_\_\_

**Responses to the following 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. How you will contribute to the Chicago State University-College of Pharmacy learning environment and help to develop a strong tradition of excellence in leadership and service?
  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, professional memberships and/or activities in which you participated. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may use a separate sheet of paper).

EXTRACURRICULAR ACTIVITY AND ORGANIZATION MEMBERSHIPS	OFFICES HELD	AWARDS/HONORS	DATES

**Community/Volunteer Activities** (college to present): Describe the activity in which you participated including the approximate number of volunteer hours per week served with each organization/activity.

COMMUNITY/VOLUNTEER ACTIVITIES	APPROXIMATE HOURS PER WEEK	DATES

**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 and place of employment. (You may use a separate sheet of paper or attach a resume in lieu of completing this section).

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

## PREREQUISITE CHECKLIST

Please complete the following chart. Indicate all prerequisite courses "Completed" with a grade equal to or greater than C, "Planned" or "In progress" with a check mark in the appropriate column. Please note a minimum of 12 elective credits and a total of 62 prerequisite credits are required. Refer to the PharmCAS school page for information regarding our course descriptions, requirements and electives.

Required Prerequisite Courses(semester hours)	Course	Credit Hrs.	Completed	In Progress	Planned
<b>Biology with Lab 8 semester hours required</b>	General Biology I	3			
	LAB	1			
	General Biology II	3			
	LAB	1			
<b>General Chemistry with Lab 8 semester hours required</b>	General Chemistry I	3			
	LAB	1			
	General Chemistry II	3			
	LAB	1			
<b>Organic Chemistry with Lab 8 semester hours required</b>	Organic Chemistry I	3			
	LAB	1			
	Organic Chemistry II	3			
	LAB	1			
<b>Anatomy 3 semester hours required</b>	Human Anatomy	3			
	LAB	1			
<b>Physics 6 semester hours required</b>	Physics I	3			
	LAB	1			
	Physics II	3			
	LAB	1			
<b>English 6 semester hours required</b>	English Composition I	3			
	English Composition II	3			
<b>Speech 3 semester hours</b>	Speech Communication	3			
<b>Calculus 3 semester hours</b>	Calculus I	3			
<b>Economics 3 semester hours</b>	Economics I	3			
<b>General Education 12 semester hours required</b>		3			
		3			
		3			
		3			

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

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Signature</b>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>
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*Chicago State University 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, religion, national origin, age, disability, or status as a veteran.*