

# CHICAGO STATE UNIVERSITY

## College of Pharmacy Supplemental Application Fall 2010

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 1, 2010**.  
*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) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Is this information different from what is on your PharmCAS Application?  Yes  No

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 notarized copy of the certification document.
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 ever enrolled in 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:

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. 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 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. List recurring activities first, **do not** include activities listed above or activities from other countries.

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).

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

*Pharmacy Application Instructions*  
**Academic Self-Report Worksheet Instructions**

The Chicago State University College of Pharmacy requires a cumulative, pre-pharmacy prerequisite, and science/math minimum Grade Point Average (GPA) of 2.5 to be considered for admission. All post-secondary and science courses attempted will be considered. The cumulative GPA will be calculated based upon receipt of official transcripts from all the accredited colleges and universities you have attended.

***You must complete:***

- ***the Pre-pharmacy Coursework Grade Point Average Calculation Form***

**The deadline for receipt of application materials is March 1, 2010.**

To calculate your grade point average, use the four-point grading scale (A = 4.00): **(Remember all grades earned must be included in your calculations — this includes repeated coursework.)**

1. Multiply the number of semester hours earned in each course by the number of points for each grade (this will equal your quality points).
2. Total the number of quality points.
3. Total the number of semester hours.
4. Divide the total number of quality points by the total number of semester hours. This is your pre-pharmacy coursework GPA.
5. Record this GPA in the relevant box on the form.
6. Repeat these steps to calculate your science and math GPA.

For each course you have completed, include the following: the exact course title and number, the college/university where you took the course, the term during which you took the course (e.g. fall 2008, spring 2009), the semester hours you earned for the course, the grade you earned, and the number of quality points you earned. The Admissions Committee will verify your calculations for accuracy. However, it is important that your documentation of courses and calculation of the GPA are correct. If courses have been repeated, **all** occurrences of the courses must be calculated into the GPA. **Check your work carefully.**

## Pharmacy Application Instructions

**Semester Hours:** Enter the number of semester hours for each course. All entries must be made in semester hours. If your institution is on a *quarter system* refer to the conversion table below.

Conversion Table		
Quarter Hours		Semester Hours
1	=	0.67
2	=	1.33
3	=	2.0
4	=	2.67
5	=	3.33
6	=	4.0
7	=	4.67
8	=	5.33
9	=	6.0
10	=	6.67

**Grade Table:** Enter your grade as it appears on your transcript. **Withdrawals and courses that were audited or taken pass/fail should be noted as such but should not be included in your final GPA calculations.**

**Quality Points:** Quality Points = Grade Value x Credit Hours

**Example:**

<u>Credit Hours</u>	<u>Grade</u>	<u>Grade Value</u>	<u>Quality Points</u>
Biology of Cells	3	A	4
			<b>3 x 4 = 12</b>

Grade		Grade Value
A+/A	=	4.0
A-	=	3.7
A/B	=	3.5
B+	=	3.3
B	=	3.0
B-	=	2.7
B/C	=	2.5
C+	=	2.3
C	=	2.0
C-	=	1.7
C/D	=	1.5
D+	=	1.3
D	=	1.0
D-	=	0.7
D/F	=	0.5
F	=	0

**CSU College of Pharmacy**  
 GPA Calculation Worksheet / Pre-Pharmacy Course Work

**Name:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_

Course / Semester hours	Course Title	Prefix	Number	Institution	Term	Semester Hrs.	Grade	Quality Pts.
Introduction to Biology I / (4)								
Introduction to Biology II / (4)								
Human Anatomy / (3)								
General Chemistry I / (4)								
General Chemistry II / (4)								
Organic Chemistry I / (4)								
Organic Chemistry II / (4)								
Calculus / (4)								
Physics I with lab / (4)								
Statistics / (3)								
English Comp I / (3)								
English Comp II / (3)								
Speech Communication Skills / (3)								
Macro or Microeconomics / (3)								
Introduction to Psychology or Introduction to Sociology / (3)								
Humanities (e.g. Art, Music, Literature) / (9) Social or Behavioral Sciences,								
Repeated Courses (list previous course completions here and the most recently completed courses above)								
	<b>Totals:</b>							
<b>TOTAL GPA (Divide total number of quality points by total number of semester hours):</b> _____								

*If you have not completed a course, use the "Term" column to indicate when you plan to do so. This worksheet must clearly demonstrate how you will complete all courses prior to the start of the Fall 2010 semester. Do not include the semester hours for any class (es) you have yet to complete in the "totals" calculation or it will result in an incorrect GPA.*

## PREREQUISITE CHECKLIST

Please complete the following chart. Indicate all prerequisite courses "Completed" with a grade **equal to or higher than C**, "Planned" or "In progress" with a **check mark** in the appropriate column. Please note a minimum of 9 elective credits and a total of 61 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 Name	Course #	Credit Hrs.	Completed	In Progress	Planned
Biology with Lab <b>8 semester hours required</b>						
	LAB					
	LAB					
General Chemistry with Lab <b>8 semester hours required</b>						
	LAB					
	LAB					
Organic Chemistry with Lab <b>8 semester hours required</b>						
	LAB					
	LAB					
Anatomy <b>3 semester hours required</b>						
Physics <b>4 semester hours required</b>						
	LAB					
English Composition <b>6 semester hours required</b>						
Speech <b>3 semester hours</b>						
Calculus <b>3 semester hours</b>						
Economics <b>3 semester hours</b>						
Statistics <b>3 semester hours</b>						
General Psychology or Sociology <b>3 semester hours</b>						
General Education <b>9 semester hours required</b>						

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.

_____ <b>Signature</b>	_____ <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.