Wilkes University School of Pharmacy

Dear Professional Applicant:

(This application is not for high school students applying for the PrePharmacy Guaranteed Seat - PPGS)

Thank you for considering our Doctor of Pharmacy (Pharm.D.) program. If admitted, you will be one of 72 students beginning a career-long pharmacy learning process in Fall 2013.

Our selection process provides applicants a fair opportunity to present themselves. Below are some important facts about the application process.

• There is NO application fee.

• Transfer students need not submit a separate Wilkes University application.

• The applicant is responsible for collecting all necessary credentials and submitting them to the School of Pharmacy in one main envelope. A complete application file consists of the application form, 3 letters of recommendation (one from a pharmacist) and official transcript(s) and mailed to Wilkes University School of Pharmacy, 84 West South Street, Wilkes-Barre, PA 18766. Your PCAT score will be sent to us separately from Pearson Education. In order to have PCAT scores reported in time, you should take the test scheduled in September. You may apply on line at the PCAT website: www.PCATweb.info

• The School of Pharmacy Application deadline is February 1, 2013; application materials received after the deadline will not be considered.

• Minimum eligibility is overall GPA and prerequisite GPA of 2.5 or better at any accredited college or university, and successful (2.0 or above) completion of all pharmacy prerequisites by the end of the Spring 2013 term.

• A small number of the most academically qualified applicants will be invited for an on-campus personal interview. The Admissions Committee of the School of Pharmacy will notify you of their decision a few weeks after your interview.

Thank you for your interest in the Doctor of Pharmacy program at Wilkes University!

Sincerely,

Harvey Jacobs, R.Ph., Ph.D.
Assistant Dean
84 West South Street
Wilkes-Barre, Pennsylvania 18766 USA
Phone: 570-408-4298 Fax: 570-408-7828
1-(800) WILKESU, ext. 4298
WILKES UNIVERSITY
SCHOOL OF PHARMACY
Fall 2013 Application for Admission

Please complete this form by typing or printing legibly in ink. We require NO application fee.

A. Identifying Information

Name: ____________________________________________  Sex: M ___ F ___

Last        First        Middle

Any other name used while attending school? ________________________________________________

Date of Birth: ____________  Age: ____________  MM / DD / YY

Phone: ____________________

Permanent Street Address

City  State  Zip Code

Email: ____________________

County: ____________________

Date of Birth: ____________  Age: ____________

Address where correspondence regarding this application should be sent, if different from above, and effective dates: From: ____________  To: ____________

Phone: ____________________

City  State  Zip Code

Are you: (check one)  _____ currently enrolled in the Pre-Pharmacy Program at Wilkes University?  _____ currently enrolled at Wilkes in another major OR a Wilkes graduate?  _____ a non-Wilkes applicant?  _____ a former Wilkes student?

Have you applied to the Nesbitt School of Pharmacy before?  __ no   __ yes  If so, for which term?  _______

Do you plan to live in a residence hall on campus?  __ no   __ yes

Have you ever been convicted of a criminal or drug-related offense?  __ no    __ yes

If yes, please provide a detailed explanation on a separate sheet of paper.

B. Residency Status

U.S. Citizen ____  or Permanent Resident   ___  State: ________________________________

International students:

Country of Birth: _____________________  Country of Citizenship: _____________________

Do you currently have a U.S. visa?  ____  If yes, what type?  _____________________

If you have an F-1 visa, what school issued it?  _____________________

English Language: (check one)  Primary _____  Secondary _____

Optional

The background information below is solicited for demographic purposes only.

____ Afro-American/Black  ____ Caucasian/White
____ American Indian/Alaska Native  ____ Hispanic
____ Asian/Pacific Islander  ____ Other ___________________
C. University, College Information
List in reverse chronological order ALL educational institutions attended AFTER high school. The overall GPA should be calculated across schools, i.e., total quality points divided by total quality credit hours. **Send ALL official transcripts in the main envelope to Wilkes University School of Pharmacy, 84 West South Street, Wilkes-Barre, PA 18766.** We will not order transcripts.

<table>
<thead>
<tr>
<th>Dates Attended</th>
<th>Name of College of University</th>
<th>Major</th>
<th>Degree Awarded</th>
<th>Indicate Q=Quarters S=Semesters</th>
<th>Quality Credit Hours Attempted</th>
<th>GPA</th>
</tr>
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<tbody>
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Minimum application eligibility is an overall GPA of 2.5 or above.

D. Pharmacy Prerequisites
List courses that meet the School of Pharmacy’s prerequisites for admission. List sequential courses individually. List courses you plan to take to meet requirements. **All courses must be completed by the end of Spring 2013 semester with a grade of 2.0 or better.**

<table>
<thead>
<tr>
<th>Wilkes Prerequisite</th>
<th>Course Title &amp; Number</th>
<th>Where taken</th>
<th>When taken</th>
<th>Credits</th>
<th>Grade</th>
<th>For office use</th>
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<tr>
<td>General Chemistry with lab (8 Sem Crs)</td>
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<td>(List lab separately if graded separately)</td>
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<td>Organic Chemistry with lab (8 Sem Crs)</td>
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<td>(List lab separately if graded separately)</td>
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<tr>
<td>General Biology with lab (8 Sem Crs)</td>
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<td>(List lab separately if graded separately)</td>
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<td>General Physics (4 Sem Crs)</td>
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<td>Calculus (4 Sem Crs)</td>
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<td>Statistics (3 Sem Crs)</td>
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<td>Microeconomics (3 Sem Crs)</td>
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<td>Oral Communications (3 Sem Crs)</td>
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Prerequisites GPA: __________

Minimum application eligibility is a prerequisite GPA 2.5 or above.
E. PCAT

Scores (Percentiles only), if available at time of application:

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<tr>
<th></th>
<th>Verbal</th>
<th>Biology</th>
<th>Reading</th>
<th>Qua-Abi</th>
<th>Chemistry</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date PCAT taken</td>
<td>_______</td>
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<td>_______</td>
<td>_______</td>
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F. General Education Requirements

If you have (or expect to have prior to your entrance into Wilkes University) a BA/BS degree from any accredited college or university, you may skip section F. If you will not have a BA/BS degree before entry, you must complete Section F. In addition to requirements of the Pharmacy curriculum, students of the School of Pharmacy must complete the courses listed below. For each requirement listed below, please enter the number of semester credit hours which you have completed with a grade of 2.0 (C) or better. Wilkes University’s Office of Admissions determines which courses will fulfill Wilkes University’s requirements. Acceptance into the Pharm.D. Program does not guarantee that your general education requirements are satisfied. Due to the intense nature of the Pharmacy program, remaining general education courses may need to be completed during the summer.

Skill Requirements

___ English Composition (4 cr. required)
___ Computer Science (3 cr. required)
___ Oral Communication (3 cr. required)
___ Math Competency (3 cr. required)

*The Social Sciences (2 of 5 courses below are required)
___ Intro to Anthropology
___ Microeconomics
___ Intro to American Politics
___ Intro to Psychology
___ Intro to Sociology

*The Humanities (9 cr. required)
___ World History
___ English Literature
___ Introduction to Philosophy OR ___ Foreign Language

* The Visual and Performing Arts (3 cr. required)
___ Art
___ Music
___ Theater Arts
___ Dance

*Students may request course substitutions within each area. For more details, contact your academic advisor or the Registrar's Office.

G. High School Information

Name of High School from which you were graduated: ______________________________________

Location of High School: City ______________________________ State ________________

Number of students in your graduating class: _________ Your rank in your graduating class, if known: _________

SATs: Verbal _________ Math _________ Total _________ (if known)

H. Recommendations

List three individuals (not related to you) from whom we will receive recommendations. Your application will not be considered without one recommendation from a pharmacist. Please have references use the enclosed recommendation forms. Confidential recommendations must be in sealed envelopes signed by the evaluator and submitted with your application.

(1) (2) (3)

Name: ___________________________ ___________________________ ___________________________

Title/Occupation: ___________________________ ___________________________ ___________________________
I. Statement of Purpose

Please type or print a statement (in your own words) why you are choosing pharmacy as a career. Include your experience in a pharmaceutical setting and any unique qualities that you possess. In other words, in your opinion, why should we choose you over so many other very good candidates? Use this opportunity to tell the Admissions Committee anything about you that has not been reflected in this application. DO NOT exceed the space given on this page.

J. Signature

I certify that the foregoing statements are true, complete, and correct. I further acknowledge that inaccuracies here or failure to earn a 2.0 (C) or better after remediation in any prerequisite course completed or not yet completed will invalidate my acceptance to the School. This includes errors or oversights in our evaluation of your academic credentials, even if a contract letter is offered. Furthermore, by signing below you acknowledge that criminal background checks including, but not limited to, drug/alcohol citations and DUI convictions may be required while enrolled in the Pharmacy Program. Any convictions or citations may limit your access to off campus experiential sites and most importantly, may prevent licensure as a pharmacist. If you have drug/alcohol convictions on your record, please contact the School of Pharmacy as soon as possible to discuss implications on your pharmacy education and career.

Signature: ___________________________________________ Date: _______________________
Wilkes University School of Pharmacy
Recommendation Form
Deadline for Submission Feb. 1, 2013

Applicant’s name: ______________________________

_____ I hereby waive my right to access this recommendation, assuring an objective evaluation.

_____ I retain my right to access this recommendation.

Signature of Applicant: ________________________________ Date: ______________

Instructions to Evaluator:
A frank appraisal of the applicant is requested. The applicant pool for admission into pharmacy school is highly competitive; this recommendation will be utilized in weighting the applicant. Please be aware that the pharmacy profession entails critical responsibilities, and that a high rating should only be given to exceptional applicants. Thank you for your assistance.

In what capacity have you known the applicant?  
_____ Advisor  _____ Instructor  _____ Pharmacist

_____ Employer/Supervisor  _____ Friend  _____ Other (explain) ___________________

How long have you known the applicant? ________________________________

1. Comment on the applicant’s ability to problem-solve (e.g., in life- or work-related situations, not mathematical calculations).
2. The pharmacy profession is evolving into dispensers of information as well as medications. Do you feel the applicant has the ability to effectively communicate with people from all levels of society? Why?

3. Describe the applicant’s motivation and aptitude to successfully navigate a rigorous academic program.

Evaluator’s Signature: ________________________________ Date: _____________________

PRINT name: ________________________________ Telephone Number: _____________________

This form must be received by February 1, 2013. Mail to: Office of Student Affairs
School of Pharmacy
Wilkes University
84 West South Street
Wilkes-Barre, PA 18766
APPLICATION INSTRUCTIONS

The School of Pharmacy uses a self-managed application. Therefore, you are responsible for collecting all of your credentials and mailing or delivering everything to the School of Pharmacy. The School of Pharmacy will only process completed credential files. A completed file consists of the application form, three letters of recommendation, official transcripts, and PCAT scores which will be sent directly from Pearson Education. We also require a personal interview; you will be contacted if you are selected to interview. There is no application fee.

INSTRUCTIONS FOR SENDING OFFICIAL TRANSCRIPTS

Contact your high school and each college or university attended and request an official transcript be sent to you and include with your application and recommendation letters in one envelope. The registrar will place your transcript in an envelope and place his/her signature across the envelope seal. All transcripts must be received unopened in their original sealed envelope. Foreign transcripts must be evaluated by World Education Services. Note: Wilkes student’s transcripts are automatically sent to the School of Pharmacy by the Wilkes University Registrar’s office.

THREE LETTERS OF RECOMMENDATION

Identify three individuals (one must be a pharmacist) who can evaluate your problem solving and communication skills as well as your motivation and aptitude to successfully navigate a rigorous academic program. Give a letter of recommendation form to each evaluator. In order to be considered with your application, letters of recommendation must be received in their original sealed envelope with the recommender’s signature across the envelope seal. You must send these sealed envelopes along with your application materials in one envelope.

PCAT and TOEFL TESTS

We require applicants to take the Pharmacy College Admission Test (PCAT). The PCAT should be taken in September prior to entering our professional pharmacy program. If you take the PCAT in January you may still submit your application to the Pharmacy program by the February 1st deadline, however, it is unlikely that the Admissions Committee will receive your scores before they select students to interview. Your file will not be considered complete without PCAT scores. To register on line for the PCAT test, go to www.pcatweb.info.

In addition to the PCAT test, graduates of foreign schools must submit scores of the Test of English as a Foreign Language (TOEFL). To obtain a TOEFL application, write to TOEFL, Educational Testing Service, PO Box 6154, Princeton, NJ 08541-6154, USA.

INTERNATIONAL STUDENT FINANCIAL CERTIFICATION

International students are required to prepare a statement outlining how they will support themselves while studying at Wilkes University. This information must be submitted to the Wilkes University Admissions Office before you can be accepted to the pharmacy program. If you are not self-sufficient, a parent or sponsor may submit this information with copies of bank statements attached. For a calendar year, a minimum of (U.S.) $40, 200 is required for students living on campus and $37, 200 for students living off-campus.

SUMMARY OF WHAT YOU MUST SUBMIT IN ONE ENVELOPE

- The Completed Application Form
- Three (3) Letters of Recommendation
- Official Transcripts from your high school and every college or university attended
- PCAT score will be sent separately by Pearson Education.

MAIL APPLICATION MATERIALS TO:
SCHOOL OF PHARMACY
WILKES UNIVERSITY
84 WEST SOUTH STREET
WILKES-BARRE, PA 18766