

**APPLICATION FOR ADMISSION TO THE PH.D. PROGRAM
IN PHARMACEUTICAL SCIENCES**

**MERCER UNIVERSITY COLLEGE OF PHARMACY
3001 MERCER UNIVERSITY DRIVE
ATLANTA, GA 30341-4155
678-547-6730 • 678-547-6423 (FAX)**

Please print carefully or type responses to all sections of the application.

DATE _____

PERSONAL DATA

Social Security Number _____ Gender: M F e-mail _____

Full Legal Name _____
Last, Family First Middle

Maiden or other name(s) on transcripts _____

Permanent Address _____
Number Street

City State Zip Code (Area Code)-Phone Number

Present Address _____
Number Street

City State Zip Code (Area Code)-Phone Number

Communications should be sent to Permanent Address or Present Address

Date of Birth _____ Place of Birth _____ Marital Status _____

Are you a veteran? Yes No Are you a U.S. citizen Permanent Resident Non-resident Alien (U.S. visa type _____)

Are you Hispanic or Latino? Yes, I am of Hispanic/Latino origin No, I am not of Hispanic/Latino origin

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

- Black, African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White

List All Colleges or Universities Attended	From: mo/yr	To: mo/yr	Degrees or Credits	Major

Students with degrees that have not been earned at an accredited United States institution are required to provide a report by a professional evaluation service. Mercer University accepts evaluations from the following three services: World Education Services, Josef Silney & Associates, Inc., and American Association of Collegiate Registrars and Admissions Officers.

Term for which you request entrance Fall Spring Summer Year: _____

You should have the testing agency send official test results to the College of Pharmacy and Health Sciences – Institution Code 5623 and Department Code 0613. If you have not yet taken a required examination, please indicate the date you plan to do so.

Graduate Record Examination _____
Date Verbal Quantitative Analytical

Test of English as a Foreign Language (TOEFL) _____
Date Score

List three people who will serve as academic references and include email address as they must complete a recommendation form.

Name Title

Address

Email (Supplied Recommendation Form will be automatically sent to this address)

Name Title

Address

Email (Supplied Recommendation Form will be automatically sent to this address)

Name Title

Address

Email (Supplied Recommendation Form will be automatically sent to this address)

Will you be applying for an assistantship? Yes No

Have you applied or intend to apply to our dual-degree Pharm.D./Ph.D. program? Yes No

In what discipline area are you interested and why are you choosing it? Please check only one of the following:

- Medicinal Chemistry Pharmacology/Pharmacodynamics Pharmaceutics Pharmacist Clinical Scientist track Undecided

List academic honors, scholarships, fellowships, awards, or certificates received.

List memberships and offices held in professional societies.

List any previous teaching or research experience.

List extracurricular activities or service (academic or community).

Provide a statement of your career goals and objectives. The statement should indicate why you are considering graduate studies, how you believe graduate studies differ from undergraduate studies and why you are applying to the graduate program at Mercer University.

I certify that these responses are true to the best of my knowledge, and I am aware that any knowing falsification of the application form, transcripts, recommendations, or other application materials may result in denial of admission. Further, it is my understanding that I shall not be considered for admission until I have submitted all credentials. I understand that I am responsible for becoming familiar with and abiding by the general regulations governing the conduct of students in the PhD Program in Pharmaceutical Sciences at Mercer University. I pledge to abide by these regulations and any other comparable regulations which may be adopted during the period of enrollment.

Date _____ Enter your initials as acceptance of the above and agreeing to submit your application.

Please mail a non-refundable \$25.00 application fee to: PHARMACEUTICAL SCIENCES GRADUATE PROGRAM, MERCER UNIVERSITY, COLLEGE OF PHARMACY, DEPARTMENT OF PHARMACEUTICAL SCIENCES, 3001 MERCER UNIVERSITY DRIVE, ATLANTA GA 30341-4155. For further information concerning applications or admission into this program, please telephone (678) 547-6730

Mercer University is committed to providing equal educational and employment opportunity to all qualified students, employees and applicants, without discrimination on the basis of race, color, national or ethnic origin, sex, age or disability, as a matter of University policy and as required by applicable State and Federal laws, such as Title IX and Section 504. Inquiries concerning this policy may be directed to the Equal Opportunity/Affirmative Action Officer, Diane Baca, Personnel Office, 1885 Edgewood Avenue, Macon, GA 31207, (478) 301-2786

Submit