It is the applicant’s responsibility to collect and submit all required materials to the School. Please print the forms on 8 ½ by 11 paper and follow all directions carefully.

There are 3 pages to the application, not including this instruction sheet.

REQUIRED APPLICATION MATERIALS:

☑️ All applicants must first file an application through PharmCAS, a web-based Pharmacy College Application Service, by February 2, 2015 at http://www.PharmCAS.org. It is beneficial to submit the application early, so that any problems can be resolved before the February 1st deadline.

☑️ PharmCAS must receive ALL official college transcripts by February 2, 2015. PharmCAS will not release applicant information to the School of Pharmacy until all transcripts, from every institution attended, are received.

☑️ Register to take the Pharmacy College Admissions Test (PCAT) at www.pcatweb.info. Select to have the scores sent directly to PharmCAS CODE 104. You must take the PCAT exam no later than the January 7th, 2015 testing date for the results to be submitted in time for review. However, earlier testing is encouraged.

☑️ Complete the Supplemental Application (please print clearly or type) and return it to the School of Pharmacy, Office of Admissions, 3307 N. Broad Street, Philadelphia, PA 19140, by February 2, 2015. Return all paperwork in one envelope, include the following: a non-refundable $50.00 application fee, check or money order made payable to Temple University.

NOTE

• All required (prerequisite) courses must be completed prior to entrance into the professional pharmacy program.

• Selected applicants will be invited to participate in an interview process (Date and Time TBA).

• Submit a copy of your Spring Term grade report to the School of Pharmacy as soon as you receive it.
PharmCAS No. ____________________________ Application Deadline February 2, 2015

*Temple University requests your Social Security Number (SSN) because federal, state, and local laws require the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University’s Social Security Number Usage Policy http://policies.temple.edu/getdoc.asp?policy_no=04.75.11.

Please note all students must be registered as Pennsylvania Pharmacy interns and disclosing your social security number on that application is mandatory in order for the Pennsylvania State Board of Pharmacy to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23. PA C.S. § 4304.1(a).

NOTE: All pharmacy students are required to complete a criminal background check (CBC) annually prior to participation in Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE). A negative CBC may preclude your placement at particular sites and affect your eligibility for pharmacist licensure in certain states, including Pennsylvania. IPPE and APPE sites may require a copy of your criminal background report or may require additional screening. Licensure issues should be addressed directly with the relevant State Board of Pharmacy.

SUPPLEMENTAL APPLICATION

Please follow these directions:
• Print clearly or type all responses.
• Complete all sections (except where optional or the statement does not apply)
• Submit the completed application with a $50.00 check or money order made payable to Temple University.

1. Is this a re-application?  □ YES  □ NO  If yes, what year did you apply? __________________________

2. *Social Security Number: __________________________  Email: __________________________________

3. Legal Name: ____________________________________________________________
   Last  First  Middle Initial

4. Any other legal name?  Former __________________________________________

5. Permanent Address:  (On a separate sheet, list any other addresses and dates when in use.)
   Street ____________________________________________________________
   Apartment name and number if applicable ___________________________________
   City ____________  State ____________
   County ____________  Country ____________  ZIP Code ____________
   6. Telephone: Home (______) ________ Other (______) ________ Ext. ________

*7. Date of Birth: ____________________________  7a. Place of Birth: __________________________
   Mo. ____________  Day ____________  Year ____________

*8. Sex:  Male □  Female □

   *Provision of this information is voluntary and will not affect consideration of your application. The response is used solely for compliance with civil rights laws.

10. Citizenship:  USA □  Other □  Specify Other: __________________________
    Alien Registration Number: ________________ What type of visa do you presently hold? ________________
    If an International Student, what type of visa will you have while a student at Temple University? ________________
11. Are you now attending or have you ever attended Temple University?
   ☐ Yes ☐ No If yes, please give dates and major:

12. Have you previously applied for Admission to Temple University?
   ☐ Yes ☐ No If yes, please give semester, year and major:

13. Do you have a bachelor’s degree? ☐ Yes ☐ No If yes, please name your major:

14. Name of High School:

   Address ________________________________________________
   Graduation Date ___________________ Month Year

15. Dates you have taken (and/or will take) the Pharmacy College Admission Test (PCAT):

   PCAT
   Mo. Year Mo. Year Mo. Year

16. If you claim Pennsylvania your legal residence, how long have you lived continuously in Pennsylvania?
   Number of Years _______ Do your parents live in Pennsylvania? ☐ Yes ☐ No # of Years

17. Father’s Name: ____________________________ ☐ Living ☐ Deceased
   Occupation _______________________________ Address __________________________
   If different from Applicant

18. Mother’s Name: ____________________________ ☐ Living ☐ Deceased
   Occupation _______________________________ Address __________________________
   If different from Applicant

19. Has anyone in your immediate family attended Temple University? ☐ Yes ☐ No
   If yes, please list:
   Name: ____________________________ Relationship to you: ____________
   Address: __________________________________________________________________________
   Major: ____________________________

20. Is anyone in your immediate family employed at Temple University? ☐ Yes ☐ No
   If yes, please list:
   Name: ____________________________ Relationship to you: ____________
   Address: __________________________________________________________________________
   His/Her department at Temple: ____________________________
I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal, or other disciplinary action, if they are subsequently discovered.

Applicant’s signature (Note: Unsigned applications will be returned for signature.)  

Date

Send entire completed application and the **non-refundable** $50.00 fee payable to Temple University.

Thank you for applying to Temple University School of Pharmacy. If you have any questions, please call (215) 707-4900.