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**TEMPLE UNIVERSITY SCHOOL OF PHARMACY  
SUPPLEMENTAL APPLICATION AND INSTRUCTIONS FOR PharmD PROGRAM**

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Temple University School of Pharmacy  
Office of Admissions  
3307 N. Broad Street  
Philadelphia, PA 19140

Telephone 215-707-4900  
Fax 215-707-3678  
pharmacy.temple.edu

**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 1, 2017 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 1, 2017.** 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](http://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 5, 2017 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 1, 2017**. 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.



**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 \_\_\_\_\_

City State Zip

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

If different from Applicant  
Occupation \_\_\_\_\_ Address \_\_\_\_\_

**18. Mother's Name :** \_\_\_\_\_  Living  Deceased

If different from Applicant  
Occupation \_\_\_\_\_ Address \_\_\_\_\_

**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.**

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

*Date*

*Send entire completed application, including 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.*