

COLLEGE-PROVISIONAL ENTRY PROGRAM APPLICATION

## **Items that must be included with this application:**

1. Official College School transcripts (4.0 scale), unless currently attending ULM.
2. Official ACT/SAT scores.
3. $50.00 application fee. Check or Money Order made payable to ULM College of Pharmacy.

Three Letters of Recommendation. One letter from each of the following. NO family member letters.

1. Math teacher
2. Science teacher
3. Supervisor

## **Mail Application to:**

Office of Student and Professional Affairs

Attn: Mrs. Jessica Griggs

ULM College of Pharmacy

1800. Bienville Dr. Monroe, LA 71201

**Applicant Information:**

Name: Last       First       Middle

Mailing Address: Street Address       City       State       Zip

Home Phone       Cell Phone       Email Address

Father’s Name       Street Address       City       State       Zip

Mother’s Name       Street Address       City       State       Zip

**High School Attended:**

High School Name       Street Address       City       State       Zip

Phone Number       Graduation Year       High School GPA       ACT/SAT Score

**College(s) Attended:**

College Name       Street Address       City       State       Zip

Phone Number       Major       Anticipated Graduation Year       GPA

**College(s) Attended:**

College Name       Street Address       City       State       Zip

Phone Number       Major       Anticipated Graduation Year       GPA

College Name       Street Address       City       State       Zip

Phone Number       Major       Anticipated Graduation Year       GPA

**Pre-Pharmacy Organization Member**: [ ]  Yes [ ]  No

Other Pre Professional Organization:

Do you have a relative who is an alumnus of ULM College of Pharmacy? [ ] Yes [ ] No

If yes, relative’s name: Last       First       Middle

Relationship       Graduation Year

**Service Assessment**

List the service projects in which you have been actively and directly involved.

[ ]  Check here is not applicable or no content available for discussion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Group Affiliation | Project Name | Duration of Service | Number of People Involved | Position Held During Project |
|       |       |       |       |       |
|       |       |       |       |       |
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**Leadership Assessment**

List organizations or clubs that you have been a member of (if none, leave blank).

|  |  |  |
| --- | --- | --- |
| Organization/Club Name | Duration of Membership | Position(s) Helt Within the Organization |
|       |       |       |
|       |       |       |
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**Questions:**

In a brief, typed essay, answer each of the following questions. Length of each answer should be approximately 300 words.

1. Describe the value or personal benefit you have received from either leading or participating in a project that benefited someone other than you.

1. Describe the value or personal benefit you have received from membership or active involvement in an organization or club.

1. What about the field of Pharmacy has excited you that you would want to pursue it as your career for life?