



PHARMCAS ID

- Before completing this form, refer to the [online Supplemental Application instructions for Form A.](#)
- Answer **all** questions, confirm **all** statements by selecting their checkboxes, and sign and date where indicated.

A1. PERSONAL INFORMATION

Please type your legal name as it should appear on all official University records and sign it in the same way.

LAST NAME	
FIRST NAME	
MIDDLE NAME	
FORMER NAME(S)	
STREET ADDRESS	
CITY STATE ZIP	
EMAIL	
TELEPHONE	

A2. MINIMUM GPA & DEGREE STATUS

As of November 2, 2009, I meet the minimum cumulative undergraduate grade point average of **2.80** (as calculated by PharmCAS).

- Yes No

As of November 2, 2009, my current degree status will be:

I will receive this degree on this date (mm/dd/yyyy): _____

- If my minimum cumulative undergraduate grade point average falls below 2.80, I will immediately notify the School of Pharmacy. I understand that I will be ineligible for admission. I also understand that I must notify the School of Pharmacy immediately if my degree status changes from what is listed above.

A3. APPLICANT RECOMMENDATIONS

In the box below, list the names of the recommenders that will have recommendations submitted through PharmCAS.

1.
2.
3.
4. (optional)

- I understand that my application will be considered incomplete and will be canceled if:
 1. I do not submit all required recommendations through the PharmCAS eLOR service by November 2, 2009, or
 2. I submit fewer than the required number of recommendations.

A6. EDUCATIONAL BACKGROUND

List in chronological order all colleges ever attended. Include all schools you are now attending. List additional schools on a separate page.

NAME OF COLLEGE	LOCATION (city, state)	ATTENDANCE from (mm/yy) to (mm/yy)	MAJOR	DEGREE	DATE DEGREE RECEIVED OR EXPECTED (mm/yy)

A4. PRIOR APPLICATIONS

Have you applied within the past 2 years?

- No Yes, for entry in fall 2008 Yes, for entry in fall 2009

A5. STATEMENTS OF CONFIRMATION

- A5.1. Contact Information:** I will notify the School of Pharmacy in writing of any changes in my mailing address, phone number, or e-mail address between now and September 2010.

- A5.2. Required Interview:** If invited, I agree to be interviewed at UCSF by a faculty member and a 3rd- or 4th-year pharmacy student. I understand that I must accept the appointment I am assigned or risk cancellation of my application.

A5.3. Prerequisites/Transcripts:

- I will satisfactorily complete all pre-pharmacy prerequisites with course work approved by the School of Pharmacy by September 1, 2010.
- I understand the completed, in progress and planned course work to meet the prerequisites as I listed on Form D is subject to approval by the School of Pharmacy.
- I will supply transcripts as requested by the School of Pharmacy to verify my college level coursework.
- I agree to immediately notify the UCSF School of Pharmacy if I receive a grade of C- or lower in any course taken during the fall 2009, winter, spring, or summer 2010 terms. I also understand that my admission may be withdrawn pending a second review.

A5.4. Forfeiture of Admission Privileges:

- I am applying for fall 2010 admission. If I am admitted for fall 2010 and for any reason am unable to enter at that time, I understand that my admission privileges will be forfeited and that I would need to reapply should I wish to be considered for admission.
- If I am classified as an international student and offered admission, I must verify the ability to cover the costs of the entire 4 years of study before the offer of admission is final. I also understand that failure to provide this verification when requested will result in the cancellation of my application and the withdrawal of the admission offer.

- A5.5. Submitting Application & Fee Payment:** I understand that the UCSF Supplemental Application is to be sent to a **separate address** than the UCSF Application Fee. Failure to properly submit the application and fee to the appropriate **separate addresses** will result in the cancellation of my application. In addition, I also understand that the application fee, once submitted, is non-refundable.

- A5.6. Certifications:** I certify that I have carefully considered each question and that all information and statements provided in this supplemental application are true and complete. I certify that I have read and understood the online Supplemental Application instructions as well as the policies outlined in this agreement above, and that I accept all of its terms and conditions. Further, I understand that cancellation of my admission privileges may result if any information is found to be incomplete or inaccurate, or if I violate any terms of this agreement.

SIGNATURE

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APPLICANT SIGNATURE (FULL LEGAL NAME)

DATE