

Doctor of Pharmacy Degree Program

Supplemental Application for Fall 2010 Entering Class

Statement of Educational Opportunity

OPTIONAL



APPLICANT ID

LAST NAME	FIRST NAME	MIDDLE NAME	PHARMCAS ID

■ Answer only those questions that apply to you according to the [online Supplemental Application instructions for Form D](#).

D1. SOCIAL/CULTURAL FACTORS. Please tell us about any unique circumstances involving your family and/or the community in which you were raised, and how these social and/or cultural factors might have adversely affected the pursuit of your education.

D2. ECONOMIC FACTORS. Economic factors, such as the need to work, dependent care, family resources, etc., can often seriously impede an individual's academic progress. Use the space below to elaborate on any economic issues that affected your schooling.

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D3. EDUCATIONAL DISADVANTAGES. The availability and types of schooling offered, as well as the history of education in one's family and/or community might vary significantly. Comment below on any educational disadvantages you feel you might have had to overcome.

D4. LEARNING AND/OR PHYSICAL DISABILITIES. Do you now have, or have you had in the past, any learning or physical disabilities that might have adversely affected your academic performance? If so, please indicate what accommodations, if any, you were provided in high school and college.