

CHICAGO STATE UNIVERSITY

College of Pharmacy Supplemental Application

Mail to: College of Pharmacy
Attn: Office of Student Affairs
9501 S. King Dr.
Douglas Hall 3083
Chicago, IL 60628



Please complete and return this application to the Chicago State University College of Pharmacy Office of Student Affairs. Failure to accurately, completely, and truthfully execute this application and all accompanying information will result in the cancellation of admission and/or expulsion from the Chicago State University College of Pharmacy. PLEASE PRINT OR TYPE, AND MAIL

Name: (Last) (First) (Middle)

Other name(s) records may be under:

Preferred Name/Nickname:

Preferred Mailing Address: (Street)
(City) (State) (Zip)

Telephone #(s) (Home) (Cellular)

E-Mail Address

Best Way to Reach You: Home Phone Cellular Phone E-mail

Chicago State University subscribes to affirmative action to ensure admission without regard to race, color Religion, gender, age, national origin, or disability. In order for the University to respond to required state and federal questionnaires, we ask you to assist us by answering the following questions:

Sex: Male Female

Are you a first generation college student? Yes No

(First-generation student is a student whose parents have not attended or graduated from college)

Are you a US Citizen? Yes No If Yes, what state are you a legal resident? _____

Are you a resident Alien? Yes No If yes, supply resident #: _____
(If yes, please submit a copy of permanent resident card)

Ethnicity: Hispanic or Latino Non-Hispanic
(Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or American, or other Spanish Culture or origin, regardless of race)

Race: (check all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native American or other Pacific Islander

White

Have you ever attended any other health professional school?

Yes No

If yes, please explain:

Have you ever applied to a degree program at this university before?

Yes No

If yes, please state program/date:

Have you successfully completed a nationally recognized Pharmacy Technician certification program (i.e. PTCB)?

Yes No

If yes, please provide a copy of the certification document.

Have you ever been convicted of, or have pending, a misdemeanor or felony charge including driving under the influence or alcohol or driving while intoxicated (DUI/DWI) Yes No

Have You ever been of an illicit substance offense, or been subject to deferred Adjunction for the offense? Yes No

Have you ever been subject to court order probation or confinement? Yes No

Has any licensing or regulatory board or government authority ever imposed conditions upon or otherwise restricted your ability to conduct business, to practice a profession, or to carry out any given responsibility or privilege?

Yes No

If you have answered "yes" to any of the above questions, state the details of such conviction or action on a separate sheet of paper with your name, and question clearly identified.

Response to the following question is a REQUIRED component of this application. Attach response to the following question. Please limit your response to no more than 250 words. Place your name and your PharmCAS ID at the top of the page.

- 1. Please describe, as applicable, any personal or academic matters you feel may assist the Admissions Committee in reviewing your application for admissions (i.e. interests or personal abilities/attributes; personal hardships which you have overcome; academic disadvantages in your previous education).**

This application must be signed and dated by the applicant and received by the Office of Student Affairs before action can be taken on this application. Please read the following statement and affirm by signing below.

I understand that withholding information, including attendance at any other educational institution, or giving false or misleading information will make me ineligible for admission to the College or subject to dismissal without refund of any monies that I have paid.

I consent to and authorize the release of all criminal records, if any exist, in the possession of federal, state, local, or military authorities for as long as my application is pending or my enrollment is in effect.

I certify that I am seeking to enroll at Chicago State University College of Pharmacy and that the information which I have given on these pages is complete and true to the best of my knowledge.

I agree that if accepted for admission, I shall comply with all rules and regulations of the University and College which may be in effect or which shall be put into effect while I am a student.

Applicant's Signature

Print Name

Date

**Send All Supplemental Application Information to:
Chicago State University
College of Pharmacy
ATTN: Office of Student Affairs
9501 S. King Dr.
Douglas Hall 206
Chicago, IL 60628**