

Doctor of Pharmacy (Pharm. D.) Transfer Student Application

This application is for students interested in transferring to the Doctor of Pharmacy (Pharm.D.) program at the Ben and Maytee Fisch College of Pharmacy at The University of Texas at Tyler.

An email notification will be sent to you upon receipt of your application and supporting documents. Therefore, it is recommended that you keep your email address current with the Office of Student Affairs at Fisch College of Pharmacy. Incomplete applications and those postmarked after May 1 deadline for Fall semester admission and after September 1 for Spring semester admission will not be considered.

Application Deadline: Postmarked by May 1 for Fall semester and September 1 for Spring semester

Checklist

A complete application includes:

- The University of Texas at Tyler Fisch College of Pharmacy Transfer Student application
- A personal statement that details the reason(s) for transfer.
- A Residency Questionnaire.
- Official transcript(s) from the student's current school/college.
- Official transcripts from the institution(s) where pre-pharmacy coursework was completed. Mail official transcripts from each college/university attended. Please, do not send electronic transcripts.
- A \$100 nonrefundable application fee in the form of a personal check (no temporary checks), cashier's check, or money order payable to "UT-Tyler Fisch College of Pharmacy." Include your first and last name and date of birth.
- Three letters of recommendation mailed directly to the college: two from faculty members who taught the student in the current pharmacy school/college and one from a pharmacist, work supervisor or preceptor who has firsthand knowledge of the student's capabilities.
- A Letter of Good Academic and Professional Standing from the Dean or Dean of Academic Affairs of the ACPE-accredited pharmacy school/college in which the student is currently enrolled.
- Applicants with international transcripts are required to submit a foreign credentials transcript evaluation. Visit the following web site for a list of acceptable credentialing agencies: <http://www.naces.org/>. Original transcripts in native and English language are required along with degree statement from respective university.
- Applicants should submit a TOEFL score of 550 or higher on paper and 79 or higher for internet based; scores must be sent directly from the Educational Testing Service (ETS) (Use code 6850). Score should not be more than two years old. International students who have completed a four-year baccalaureate or higher degree at a regionally-accredited U.S. institution will not be required to submit TOEFL scores.

Mail the application and supporting documents in one packet postmarked by May 1 for Fall semester transfer and September 1 for Spring semester transfer to:

The University of Texas at Tyler
Ben and Maytee Fisch College of Pharmacy
Office of Student Affairs
3900 University Blvd WTB 120
Tyler, Texas 75799



Section 1

Student Information

Applying for the class entering (circle one) Fall / Spring of _____ (year).

Name: _____

Last

First

Middle

Maiden (optional)

Last four digits of SSN: _____

Do you have academic records under another name? Yes No

If yes, indicate name: _____

Last

First

Middle

Permanent Mailing Address: _____

Street, Apt., PO Box

City

County

Telephone: _____

State _____ Zip Code _____

Cell Phone: _____ Email: _____

Mailing Address*: _____

Street, Apt., PO Box

City

County

Telephone: _____

State _____ Zip Code _____

*If same as permanent address, please write "Same as Above."

Emergency Contact Information

Name _____ Telephone _____

Address _____ Cell Phone _____

Relationship _____

Demographic, ethnic & gender information

Date of Birth _____ Place of Birth _____

Ethnicity and Race: Are you Hispanic or Latino? Yes No

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Please select the racial category or categories with which you most closely identify. Check as many as apply.

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

White

Black or African American

Other

Gender: Male Female Other

Note: This information is for reports to the American Association of Colleges and Pharmacy (AACCP) and for data collection. The information provided will be used in a nondiscriminatory manner, consistent with applicable laws and will not be used in admissions decisions.

Education

A. High School: _____ City and State: _____ Year of Graduation: _____

B. All undergraduate colleges attended (list in chronological order, beginning with the most recent).

Institution	Campus/Location/State	Dates	Major	Degree Earned

C. All graduate or professional schools attended (list in chronological order, beginning with the most recent)

Institution	Campus/Location/State	Dates	Major	Degree Earned

D. Have you ever been, or are you now, subject to probation, suspension, academic dishonesty charges, or dismissal from an institution? Yes No

If your answer is “No,” please skip to question G.

E. If you answered “Yes” to question D, were you or have you been subject to:

- Academic Probation: Yes No
- Academic Suspension: Yes No
- Disciplinary Probation: Yes No
- Disciplinary Suspension: Yes No
- Academic Dishonesty Charges: Yes No

F. Please list the institution(s), the semester(s) and explain the situation(s) for each category you selected “Yes” for in question E.

G. Are you eligible to return to each of the above institutions? Yes No
 If no, please list institution(s) and explain the situation(s).

Section 2

Application for Admission

Pharmacy School Admission Test (PCAT) scores, code #0182.*

Date Taken	Composite Percentile	Quantitative Percentile	Biology %	Chemistry %	Verbal %	Reading %

*Please note: PCAT scores are not required. We collect the data for programmatic assessment purposes only.

TOEFL Score: _____

Scores are required of all international student applicants who have not earned a bachelor's degree from an accredited U.S. college/university (use code #6850).

Provide the following information for each individual submitting a recommendation on your behalf.

Name	Title	Address	Area Code	Phone number

Section 3

General Information

Note: This information is for reports to the American Association of Colleges and Pharmacy (AACCP) and for data collection. The information provided will be used in a nondiscriminatory manner, consistent with applicable laws and will not be used in admissions decisions.

List all honors and other recognitions received in college. Include organizations and honorary societies.

Include your extracurricular and community activities and the extent of involvement (offices held, etc.)

Have you been employed during the summer or other vacation periods while in school?

Yes

No

Do you plan to continue work if accepted in the pharmacy program?

Yes

No

If yes, how many hours per week? _____

List in chronological order, beginning with your current position, your title or job description, place, and dates of employment.

Have you ever volunteered or been employed in a pharmacy?

Yes, volunteered Yes, employed No

If yes, please provide the number of months employed and the name of the pharmacy and pharmacist employer.

If you are a Certified Pharmacy Technician (CPhT), what is your certificate number?

List any significant health care related activities to date. Please include dates of involvement, level of responsibility, and number of hours per week.

Have you ever been in the armed forces? Yes No If so, complete the following:

Branch of service: _____ Rank: _____ Entry Date: _____

Date & Type of Discharge: _____ Reserve Status: _____

Are you eligible for veteran's benefits? Yes No If yes, under what law?

Note: If you checked "Yes" and you are admitted, please contact the University of Texas at Tyler Financial Aid Office to determine the appropriate process to apply for benefits. You may call 903- 566-7180.

Have you ever enrolled in or attended any other health-related professional school?

Yes No If yes, list name of school, program, and dates attended.

Have you ever been...

...convicted of a felony or misdemeanor, other than a minor traffic violation, within the last five years?

Yes No If yes, please explain.

...the subject to a deferred adjudication within the last five years?

Yes No If yes, please explain.

...subject to a court order probation of confinement within the last five years?

Yes No If yes, please explain.

...convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for the offense within the last five years? Yes No If yes, please explain.

If you have answered "Yes" to any part of the above question, please provide the details of the conviction or action on a separate sheet of paper and attach to the application. Please include in your explanation, the name and location of the court or jurisdiction, the date of the action and, if applicable, the date that the probation, deferred adjudication or confinement terminated.

Give the name and relationship of all relatives in the pharmacy profession (including position, college, and date of graduation):

The associate deans from Offices of Student Affairs, Academic Affairs and Experiential Education plus the chairperson of Curriculum Committee review all student transfer applications and make a recommendation to the dean of the Ben and Maytee Fisch College of Pharmacy. Describe any special circumstances that might aid in considering your application:

List all of the pharmacy schools to which you are applying for transfer this year:

Year	College	Interview	Status

Have you applied to this institution previously? If yes, please provide the date(s) below.

_____ Date

Section 4

Residency Information

Please answer all questions. Answer "not applicable" or "N/A" when the question does not apply.

Are you a U.S. citizen? Yes No If "No," of what country are you a citizen?

If you are not a citizen, do you hold a Permanent Residence status (valid I-551) for the U.S.?

Yes No

If "Yes," provide the date that permanent resident card was issued*:

Number:

*Mail a copy of both sides of the card to the address provided on the checklist.

Are you a resident of Texas? Yes No

If "No," of what state/country are you a resident? _____

If you are self-supporting and not claimed as a dependent on your parent's or court-appointed legal guardian's most recent tax return, please answer the following:

(a) How long have you lived in Texas? Years _____ Months _____

(b) Previous state or country of residence

(c) If you came here within the past five years, why did you move to Texas?

Education Employment Military Assignment Other

(d) If other, please explain:

If your parent or court-appointed legal guardian can claim you as a dependent for the current tax year, please answer the following (if court-appointed legal guardian, copies of guardianship papers must be provided).

(a) Name of person who will claim you as their dependent: _____

(b) Relationship to self: Parent Court-appointed Legal Guardian

(c) How long has this person resided in Texas? Years _____ Months _____

- I have read and understand the instructions. I certify that, to the best of my knowledge, the information submitted in this application is complete and correct.
- I also understand that false and/or omitted information will invalidate this application and may result in rejection of the applicant or dismissal from the University of Texas at Tyler Fisch College of Pharmacy.
- I authorize that this information may be used by the UT-Tyler Fisch College of Pharmacy for research and development purposes aimed at improving pharmacy education and admissions program.
- I have read and understand the College's Professional Technical Standards for Admission, Matriculation and Graduation.

Date

Signature of Applicant

Mail the application and supporting documents in one packet postmarked by May 1 for Fall semester transfer or by September 1 for Spring semester transfer to:

The University of Texas at Tyler
Ben and Maytee Fisch College of Pharmacy
Office of Student Affairs
3900 University Blvd WTB 120
Tyler, Texas 75799