

South University School of Pharmacy

APPLICATION INSTRUCTIONS FOR ADMISSION – JUNE 2010

Application Deadline – February 1, 2010 is the postmark deadline for submitting application materials to PharmCAS for the June 2010 admission. Because early applications are given precedence in the application review and acceptance process, prompt submission of a properly completed application is advised. Since applications are reviewed in the order that they are received, it is advantageous to submit your completed application materials to PharmCAS as early as possible. Interviews are scheduled and competitive acceptances are offered in the order they are received. Individuals submitting their applications after the deadline can not be assured consideration for admission for June 2010.

GPA REQUIREMENT:

To be considered for general application admission, applicants must have at least a 2.8 overall grade point average (on a 4.0 point scale). No grade less than C (2.00) can be accepted for prerequisite courses.

ON-CAMPUS INTERVIEW:

Interviews for selected qualified applicants will be scheduled on an ongoing basis beginning in October, 2009 and continuing through March, 2010.

CHECKLIST OF REQUIRED APPLICATION FORMS AND DOCUMENTS

All applicants seeking admission to the Doctor of Pharmacy program must submit a completed application package which includes:

- A properly completed PharmCAS application.**
South University will only accept primary applications submitted through PharmCAS at www.pharmcas.org.
It is the applicant's responsibility to ensure PharmCAS has received all information. South University School of Pharmacy is not responsible for any information that has not been submitted through PharmCAS.
- A properly completed School of Pharmacy supplemental application form.**
Be sure it is typed or neatly filled in, signed and dated.
- A completed Checklist of prerequisites.**
All prerequisite courses must be completed prior to matriculation into the Doctor of Pharmacy program. Students with science courses taken prior to 2002-2003 will be required to retake one modern Biology course and one modern Chemistry course to meet the prerequisite requirements. International credit will not be accepted.
- A non-refundable application processing fee of \$50.00.**
Please make the check or money order payable to **South University – School of Pharmacy**.
No fee waivers will be granted.

Application Review Process

Only complete applications are reviewed and considered for an interview invitation. Applicants will be interviewed by invitation only. All applicants will be notified of their interview status.

NOTE: Pharmacy students must obtain an internship license from the Georgia State Board of Pharmacy if attending the Savannah campus or South Carolina State Board of Pharmacy if attending the Columbia campus. Consequently, applicants who are chemically dependent or have been diagnosed with a substance abuse disorder or who have felony convictions are advised to consult with the Georgia Board of Pharmacy, phone number (478) 207-1686 or South Carolina Board of Pharmacy, phone number (803) 896-4501 and other relevant state board of pharmacy, concerning eligibility requirements for internship and licensure. South University School of Pharmacy makes no determinations of eligibility for licensure. Any change in status resulting from criminal or civil actions should be addressed with the relevant state board of pharmacy immediately upon final disposition of any such action.

South University School of Pharmacy
2010 Supplemental Application for Admission

Please choose the campus that is your **first** choice:

Savannah

Columbia

I wish to be considered for admission to the alternate campus if no space is available at my campus of choice. **yes** **no**

Personal Information:

Social Security Number: _____

Name: _____
 Last First Middle Suffix

Preferred Name or Nickname: _____

Gender: Male _____ Female _____ Date of Birth: _____

Correspondence Information:

Current Mailing Address (All correspondence will be mailed to this address until otherwise notified).

Phone: _____ Additional Phone: _____

Email: _____

Permanent Mailing Address

Phone: _____

The following prerequisite courses must be completed by June 1, 2010. Please indicate with a mark the courses you have completed:

Completed	Course	Completed	Course
	English Composition		General Biology I and Lab*
	Literature (British, American, World)		General Biology II and Lab*
	History		Chemistry I and Lab*
	Psychology (Intro or General)		Chemistry II and Lab*
	Economics (Micro or Macro)		Organic Chem. I and Lab*
	Public Speaking		Organic Chem. II and Lab*
	Elective:		Physics
	Elective:		Calculus
	Elective:		Anatomy and Physiology I
			Anatomy and Physiology II

Students with science courses taken prior to 2002-2003 will be required to retake one modern Biology course and one modern Chemistry course to meet the prerequisite requirements. International credit will not be accepted.

All lab courses must be live, we will not accept labs taken online

Demographic Information:

This optional information will in no way affect our consideration of your application for admission. It will be used to help evaluate our efforts to provide equal education opportunity for all incoming students and to provide accurate information to federal and accrediting agencies. Please indicate your current status:

Are you a:

U.S. Citizen? _____

Permanent Resident? _____

Place of Birth: _____

State of Residence: _____

Ethnicity:

White, Non-Hispanic _____

Black, Non-Hispanic _____

Hispanic _____

Asian _____

Pacific Islander _____

American Indian/Alaskan Native _____

Other _____

General Information:

Do you wish to apply for financial aid?

Yes _____ No _____

Have you previously applied to South University?

Yes _____ No _____

If yes, year of most recent application:

Year _____

Are you applying to other institutions?

Yes _____ No _____

If yes, which ones? _____

How did you learn about South University's School of Pharmacy? (Check all that apply)

South University Publications	_____	Campus Visit	_____
Professional Publications	_____	Direct Mailing	_____
Pharmacists	_____	College Fair	_____
South University Student	_____	Advisor	_____
Another Pharmacy School	_____	Internet	_____
Other	_____		

NOTE: If you answer yes to any of the following questions, submit a full statement of the relevant facts on a separate sheet to accompany this application.

Do you have any withdrawals, incompletes, or failing grades on your school transcript?

Yes _____ No _____

Have you ever been charged with or subject to disciplinary action, including probation or suspension based on your scholastic performance, or any type of misconduct at any educational institution?

Yes _____ No _____

Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence or the revocation or suspension of your driver's license (including traffic violation which resulted in a fine of \$200 or more)? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever had a professional license or certificate revoked? Yes _____ No _____

Media

At the request of the university, I hereby release the aforementioned firm from any debts, claims, actions, causes of action, demands, suits and all liabilities whatsoever both in law and in equity, which may result from participation in any telecast or still photography made by the university. In doing so, I hereby grant the university the right to use my name, photograph, likeness or voice in any production connected with the university.

I hereby represent and warrant that I am of full age and have every right to contract in my own name in the above regard. I further state that I have read the above authorization and release prior to its execution and that I am fully familiar with the contents thereof.

Medical Release

In consideration for acceptance into the Doctor of Pharmacy Program I acknowledge that there may be risks and liabilities inherent to entering this program and the pharmacy profession. I further agree to release the university, its officers, faculty, staff and participating students from any damages associated with my participation in this program

Immunizations

We require the following immunizations: **Mantoux Tuberculin** (TB – the two-step test is required if you've never been tested, or if test results are older than one year); **Measles/Mumps/Rubella** (MMR – two vaccinations are required); **Hepatitis B** (Three-series vaccination. Written documentation of each shot for the entire series is required); **Varicella** (Written verification of the chicken pox or the varicella vaccination is required); **Tetanus/Diphtheria** (Booster shots are required every ten years).

We require that all immunization forms must be completed and submitted to South University six weeks prior to matriculation.

Attestation

Be sure to read the following statements and sign this document in the space below. Make a copy of this document for your personal records.

I hereby apply for admission to the South University Doctor of Pharmacy Program and, if admitted, agree to obey all rules and regulations of the university and the Doctor of Pharmacy Program.

I hereby affirm that to the best of my knowledge, all information furnished in this application is complete and accurate. I understand that withholding information requested or giving false information will invalidate my application, thereby making me ineligible for admission or subject to termination from the program. I have read, do understand and agree to the provisions for admission including the media release, medical release and the deadlines for application to the program.

I hereby authorize any current employers, former employers, schools, or references to give South University any and all information which they may have about me, my employment history, or education, and I waive any rights or claims with respect to such information and its release to South University. I understand and agree that the application process may include a comprehensive background check.

I hereby acknowledge understanding that the South University Doctor of Pharmacy Program seeks to maintain the highest standards of education and professional practice. I further agree to submit to any lawful drug test requested by the South University School of Pharmacy or affiliate institutions which may deem, at their sole discretion, to be reasonably necessary to maintain a drug free educational environment and/or to protect the safety of the public.

APPLICANT SIGNATURE DATE

**The 2010 South University School of Pharmacy
Supplemental Application fee is \$50.00. Please make checks payable to:**

South University School of Pharmacy

Please mail completed application along with your non-refundable fee to:

**South University School of Pharmacy
Office of Admissions
709 Mall Boulevard
Savannah, Georgia 31406**

Please make sure you have signed your application form and have made a copy for your personal records.

Application deadline to PharmCAS is February 1, 2010. Early applications will take precedence for selection. Applications are reviewed, interviews are scheduled and competitive acceptances are offered in the order they are received. Applications that are positively reviewed will be placed in a Candidacy for Admission category. Selected qualified applicants will be notified of their eligibility for personal on-campus interviews.

Classes begin June 2010

Equal Opportunity. In compliance with federal, state, and applicable laws, the university does not discriminate in the recruitment, selection, training or utilization of students participating in or removal from, this academic experience because of race, creed, religion, color, sex, age, national origin, disability, genetic marker or any other category protected by state, local or federal law. All candidates must meet the technical standards for the Doctor of Pharmacy Program.