



Supplemental Application for Fall 2010 Admission

Name: Last (surname or family name) First Middle Previous last name(s)

PharmCAS ID:

Date of Birth: Month/Day/Year Gender (optional): Male Female

Current Address:

Number and Street, PO Box, Apt. No. City State/Country Zip/Postal Code

Phone Number: Alternate Phone Number:

Email Address: The University of Iowa College of Pharmacy uses email as the primary method of communicating with applicants. Please ensure that your email address will accept all email from the "uiowa.edu" domain.

Permanent Address (if different from Current Address):

Number and street, PO Box, Apt. No. City State/Country Zip/Postal Code

Phone Number: Preferred Mailing Address: Current Permanent

Citizenship:

U.S. citizen Permanent resident Other (If "Other", indicate visa type):

If not a U.S. citizen, indicate country of citizenship:

Have you applied to the University of Iowa College of Pharmacy in the past? Yes No

If yes, when? Applied for admission for Fall semester of

List family members who have attended the University of Iowa College of Pharmacy (optional):

Table with 3 columns: Name, Relationship, Class of. Three rows for family members.

Pre-Pharmacy Requirements:

Please complete the following grid to indicate how you have completed, or plan to complete, the University of Iowa College of Pharmacy prerequisite coursework.

Prerequisite	Course Prefix and Number	Course Name	Credits (s.h. = semester hours, q.h. = quarter hours)	Grade	Date	Academic Institution
<i>Example: Calculus</i>	22M:16	<i>Calculus for Biological Sciences</i>	4 s.h.	B+	Fall 2008	University of Iowa
Rhetoric (English Composition I & II plus Speech)						
Principles of Chemistry (full year, with lab)						
Principles of Biology (full year, with lab)						
Organic Chemistry (full year)						
Calculus						
Physics (college or high school, with lab)						
Human Anatomy						
Human Physiology						
Microbiology (with lab)						
Statistics						
Microeconomics						

Notes regarding pre-pharmacy coursework:

1. A minimum of 12 s.h. of general education electives are required prior to entry into the College of Pharmacy in addition to the prerequisite coursework listed above.
2. The Rhetoric requirement is considered to be fulfilled by any applicant holding a bachelor's degree prior to matriculation.
3. See <http://www.pharmacy.uiowa.edu/admissions/precourse.htm> for more information regarding required coursework.

College Degrees:

List all college degrees that you have completed or plan to complete by August 2010

Academic Institution	City and State	Degree Received	Major(s)	Minor(s)	Date Received or Date Expected

Other Information (optional):

You may use the space below (or attach a separate sheet) to tell us anything else you would like us to know about you. If there are any special challenges you feel you had to overcome in the course of your education that you believe the Admissions Committee should take into account in evaluating your application, please provide this information here. Reapplicants may use this space to summarize the steps taken in the past year to further develop their qualifications.

Signature:

I affirm the above information has been entered correctly to the best of my ability. I will notify the Office of Academic Affairs at the University of Iowa College of Pharmacy of any changes to this information.

Signature of Applicant

Date

Mailing Instructions:

Please mail this completed Supplemental Application, along with a \$100.00 U.S. non-refundable supplemental application fee in the form of a check or money order made payable to The University of Iowa College of Pharmacy, to:

The University of Iowa College of Pharmacy
115 S. Grand Ave., Room 127
Iowa City, IA 52242-1112

DO NOT SEND CASH. Credit cards are not accepted.

The supplemental application must be postmarked by December 1, 2009. Make sure to retain a copy of your completed supplemental application for your records. If you have any questions, please call the University of Iowa College of Pharmacy Office of Academic Affairs at 319-335-8795 or email pharmacy-academic-affairs@uiowa.edu.

The University of Iowa requests this information for the purposes of processing your application for admission. Persons outside the University are not routinely provided this information except for directory information, such as name and local address. Although responses to items marked "optional" are optional, responses to all other items are required in order for us to take action. The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, 319-335-0705.