University of Louisiana at Monroe College of Pharmacy College - Provisional Entry Program Application

Items that must be included with this application:

- 1. Official College transcript. (4.0 scale), unless currently attending ULM
- 2. Official ACT/SAT scores.
- 3. \$50.00 application fee. Check or Money Order made payable to ULM College of Pharmacy.
- 4. Three Letters of Recommendation. One MUST be from a math teacher, science teacher, one supervisor. NO family member letters.

Applicant Information:					
Name:					
Last		First		Middle	
Mailing Address:					
	Street Address	City	State	Zip	
Home Phone	Cell Phone	Email Ad	ldress:		
 Father's Name	Street Addre		City		Zip
					-
Mother's Name	Street Addre	ess	City	State	Zip
High School Attended:					
High School Name	Street Addre	288	City	State	
Phone Number	Graduation Year			_	

College(s) Attended:

College N	Jame	Street Address	City	State	Zip
Phone Numb	er	Major	Anticipated Graduation	Year	GPA
College I	Name	Street Address	City	State	Zip
Phone Number		Major	Anticipated Graduation	Year	GPA
Pre Pharmacy Org	anization Member	: 🗌 Yes 🗌 I	No		
Other Pre Profession	nal Organization:				
Do you have a relat If yes, relative's name:	tive who is an alun	nnus of ULM College of Pha	rmacy? 🗌 Yes	🗌 No	
	La	st	First		Middle
	Relationship	Graduation Year			

Service Assessment

List the service projects in which you have been actively and directly involved.

Check here if not applicable or no content available for discussion.

Organization or Group Affiliation	Project Name	Duration of Service	Number of People Involved	Position Held During Project

Leadership Assessment

List organizations or clubs that you have been a member of (if none, leave blank).

Organization/Club Name	Duration of Membership	Position(s) Held Within the Organization

Questions:

In a brief, typed essay, answer each of the following questions. Length of each answer should be approximately 300 words.

1. Describe the value or personal benefit you have received from either leading or participating in a project that benefited someone other than you.

2. Describe the value or personal benefit you have received from membership or active involvement in an organization or club.

3. What about the field of Pharmacy has excited you that you would want to pursue it as your career for life?