|  |  |
| --- | --- |
| **APPLICANT NAME (Family, Given, MI)** | **UIN** |
| **PERMANENT LEGAL HOME ADDRESS** |
| CURRENT ADDRESS |
| **MOBILE TELEPHONE** | **OTHER TELEPHONE** |
| **E-mail** | **DATE OF BIRTH** | **GENDER**Select |
| **RESIDENCY STATUS**Select | **IL RESIDENT**Select | **ETHNICITY**Select | **COUNTRY OF CITIZENSHIP** |
|  |
| **EDUCATIONAL SUMMARY DATA** |
| **Undergraduate Institution**  | **GPA** **/ 4.00** |
| **Field of study**  | **Degree** | **Date** |
| **Post-Undergraduate Education Institution** | **Current UIC PharmD** | **GPA**  **/ 4.00** |
| **Field of study**  | **Degree** | **Date** |
|  |
| **STANDARD TEST SCORE DATA** |
| **PCAT (not required) (Score/Percentile; *e.g. 425 / 85%)*** | **PCAT Date** |  |
| **Verbal Ability** **/ %** | **Biology** **/ %** | **Reading** **/ %** | **Quantitative** **/ %** | **Chemistry** **/ %** | **Writing** **/ %** | **Composite** **/ %** |
| **GRE (not required) (Score/Percentile; *e.g. 158 / 79%)*** | **GRE Date** |  |
| **Verbal Reasoning** **/ %** | **Quantitative Reasoning** **/ %** | **Analytical Writing** **/ %** |
| **TOEFL (International Students)** | **TOEFL Date** |  |
| **Total** | **Reading** | **Listening** | **Speaking** | **Writing** | **TWE** |
|  |
| **PROGRAM(S) OF INTEREST**[ ]  **Pharmaceutics & Drug Delivery** | [ ]  **Pharmacognosy** | [ ]  **Chemistry in Drug Discovery** | [ ]  **Molecular Mechanisms and Therapeutics** |
| **AREAS OF INTEREST** Briefly indicate areas of scientific interest and potential graduate study. |
| **RESEARCH EXPERIENCE** Briefly indicate your research experience and indicate if you have journal publications or presentations at scientific meetings. |

**Instructions**

1. **PharmD Application**

Applicants to the Pharmaceutical Scientist Training Program must **first apply to the UIC College of Pharmacy PharmD program via PharmCAS (**[**http://www.PharmCAS.org/**](http://www.PharmCAS.org/)**).** All matters related to your PharmD program application are handled by UIC College of Pharmacy Office of Student Affairs, 833 South Wood Street, Room 154, Chicago, Illinois 60612-7231 (E-mail: pharmosa@uic.edu; telephone: 312-996-7242). **We will attempt to obtain electronic copies of your PharmCAS application.** If for some reason we are unable to access these files, we will ask you to send them to us by email.

1. **PhD Application**

Applicants to the Pharmaceutical Scientist Training Program must **also apply to the PhD program of interest**. Applicants should consult the Graduate Program [webpage](https://pharmacy.uic.edu/programs/graduate-programs/phd-programs/phd-in-pharmaceutical-sciences/) to determine the application requirements, procedures, and deadlines for their program of interest.

1. **PSTP Supplemental Application (preceding page)**

Please complete the attached PSTP application formand submit it directly to the Director of Research & Graduate Resources by email: lmcquade@uic.edu.

1. **Standardized Test Reported to UIC**

If necessary to take the TOEFL, have the ETS report the scores to the University of Illinois (Institution Code: 1851) and the College (Pharmacy: 47). If taking the GRE (not required) have the ETS report the scores to the University of Illinois and the College (Pharmaceutical Sciences: 0613). You do not need to send transcripts of GRE, TOEFL or PCAT scores to our office.

1. **Statement of Purpose**

You are encouraged to include a statement of purpose (~1 page) that articulates your career goals, tentative plans for graduate study, and why you wish to be considered for our program. Describe your research experience in detail, including your specific contributions.

1. **Letters of Recommendation**

We will obtain copies of your pharmacy school letters of recommendation from the College of Pharmacy Admissions Office. At least two of these letters should discuss your research experience and expertise. If there are no such letters in your regular pharmacy application packet, please request an additional 1 to 2 letters from mentors familiar with your research work and have them sent directly to our office at the address above. They may also be submitted by email (lmcquade@uic.edu) if the writer inserts a facsimile of his/her signature into the text.

1. **Deadlines**

**College of Pharmacy-PharmCAS**

**PSTP**: We process and review applications in the order received and have rolling admissions. Although we will accept applications to the PSTP on a rolling basis, we encourage submission by December 1 to insure a thorough review and chance for an interview invitation.

1. **Additional Information**
* If you wish, you are encouraged to include a copy of your updated *curriculum vitae* including a list of previous research experience and all published or submitted journal articles and presentations
* You do not need to send transcripts of previously earned credit to our office, but updated information is appreciated for non-UIC degrees if information was not included in the PharmCAS application