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**TEMPLE UNIVERSITY SCHOOL OF PHARMACY  
SUPPLEMENTAL APPLICATION AND INSTRUCTIONS FOR PharmD PROGRAM**

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Temple University School of Pharmacy  
Office of Admissions  
3307 N. Broad Street  
Philadelphia, PA 19140

Telephone 215-707-4900  
Fax 215-707-3678  
<http://www.temple.edu/pharmacy/>

**It is the applicant's responsibility to collect and submit all required materials to the School.  
Please print the forms on 8 ½ by 11 paper and follow all directions carefully.**

**There are 4 pages to the application, not including this instruction sheet.**

**REQUIRED APPLICATION MATERIALS :**

- All applicants must first file an application through PharmCAS, a web-based Pharmacy College Application Service, by February 1, 2012 at <http://www.PharmCAS.org>. It is beneficial to submit the application early, so that any problems can be resolved before the February 1st deadline.
- PharmCAS must receive ALL official college transcripts by February 1, 2012.** PharmCAS will not release applicant information to the School of Pharmacy until all transcripts, from every institution attended, are received.
- Register to take the Pharmacy College Admissions Test (PCAT)** at [www.pcatweb.info](http://www.pcatweb.info). Select to have the scores sent directly to PharmCAS CODE 104. **You must take the PCAT exam no later than the January 11th, 2012 testing date for the results to be submitted in time for review.**
- Complete the Supplemental Application** (please print clearly or type) and return it to the School of Pharmacy, Office of Admissions, 3307 N. Broad Street, Philadelphia, PA 19140, by February 1, 2012. Return all paperwork in one envelope, include the following items:
  - Completed Academic Prerequisite Form :
    - You must account for all prerequisite courses by listing completed, in progress, and planned coursework, (Pages 4 and 5 of Supplemental Application).
  - If applicable, submit copy of Advanced Placement (AP) Credits issued from the College Board and Educational Testing Services (ETS). These are the only placement tests accepted toward prerequisites. Please note: a minimum score of 5 is required for any Science test.
  - \$50.00 Application Fee. Check or Money Order made payable to Temple University.
    - All required (prerequisite) courses must be completed prior to entrance into the professional pharmacy program.
    - Selected applicants will be invited to participate in an interview process (Date and Time TBA).
  - Submit a copy of your Spring Term grade report to the School of Pharmacy as soon as you receive it.



**11. Are you now attending or have you ever attended Temple University?**

Yes  No If yes, please give dates and major : \_\_\_\_\_

**12. Have you previously applied for Admission to Temple University ?**

Yes  No If yes, please give semester, year and major: \_\_\_\_\_

**13. Do you have a bachelor's degree ?**  Yes  No If yes, please name your major : \_\_\_\_\_

**14. Name of High School :** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Date \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

**15. Dates you have taken (and/or will take) the Pharmacy College Admission Test (PCAT) :**

PCAT \_\_\_\_\_  
Mo. Year Mo. Year Mo. Year

**16. If you claim Pennsylvania your legal residence, how long have you lived continuously in Pennsylvania?**

Number of Years \_\_\_\_\_ Do your parents live in Pennsylvania ?  Yes \_\_\_\_\_  No  
# of Years

**17. Father's Name :** \_\_\_\_\_  Living  Deceased

If different from Applicant  
Occupation \_\_\_\_\_

Address \_\_\_\_\_

**18. Mother's Name :** \_\_\_\_\_  Living  Deceased

If different from Applicant  
Occupation \_\_\_\_\_

Address \_\_\_\_\_

**19. Has anyone in your immediate family attended Temple University ?**  Yes  No

If yes, please list :

Name : \_\_\_\_\_ Relationship to you : \_\_\_\_\_

Address : \_\_\_\_\_

Major : \_\_\_\_\_

**20. Is anyone in your immediate family employed at Temple University ?**  Yes  No

If yes, please list :

Name : \_\_\_\_\_ Relationship to you : \_\_\_\_\_

Address : \_\_\_\_\_

His/Her department at Temple : \_\_\_\_\_

**Doctor of Pharmacy Degree Program  
 Supplemental Application for Fall 2012 Entering Class**
**APPLICANT ID**
**PharmCAS No.**               
*Last Name*
*First Name*
*MI*

Please complete the following chart. Indicate all prerequisite courses Completed with a grade equal to or greater than C-, Planned or In progress with a check mark in the appropriate column. Please note a minimum of 18-21 elective credits and a total of 60-63 prerequisite credits are required. Refer to the PharmCAS school page for information regarding our course descriptions, requirements and electives.

### PREPROFESSIONAL REQUIREMENTS

Prerequisites	Course	Credit Hours	Completed	In Progress	Planned
*General Biology 8 credits, must include: 1 year of lecture and lab	General Bio I	3			
	General Bio I LAB	1			
	General Bio II	3			
	General Bio LAB	1			
General Chemistry 8 credits, must include: 1 year of lecture and lab	General Chemistry I	3			
	General Chemistry 1 LAB	1			
	General Chemistry II	3			
	General Chemistry II LAB	1			
Organic Chemistry 8 credits, must include: 1 year of lecture and lab	Organic Chemistry I	3			
	Organic Chemistry I LAB	1			
	Organic Chemistry II	3			
	Organic Chemistry II LAB	1			
Physics 8 credits, must include: 1 year of lecture and lab	Physics I	3			
	Physics I LAB	1			
	Physics II	3			
	Physics II LAB	1			
Calculus I	Calculus I	4			
English 3 credits, (ESL courses not accepted)	Analytical Reading & Writing	4			
Economics 3 credits	Economics	3			

Prerequisites	Course	Credit Hours	Completed	In Progress	Planned
**Electives: 18-21 credits					
Mosaic: Intellectual Heritage I 3 cr.					
Mosaic: Intellectual Heritage II 3 cr.					
US Society 3 cr.					
Race and Diversity 3 cr.					
Arts 3 cr.					
International Studies I 3 cr.					
International Studies II 3 cr.					
OR					
Foreign Language I 3 cr.					
Foreign Language II 3 cr.					

\* Biology I must be equivalent to Biology 1111 and Biology II must be equivalent to Biology 2112 at Temple University. For more details, refer to the Temple University Undergraduate Bulletin at <http://www.temple.edu/bulletin/ugradbulletin/ucd/ucdtoc.html>

\*\* Holders of a degree (BA/BS, MA/MS, and Ph.D.) may be exempt from completing up to 9 elective credits. Temple University degree holders are exempt from the CORE.

Please contact the Office of Admissions at 215-707-4900 for questions regarding course requirements.

**I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal, or other disciplinary action, if they are subsequently discovered.**

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*Applicant's signature (Note: Unsigned applications will be returned for signature.)*

*Date*

*Send entire completed application, including the Academic Prerequisite Record, and the **non-refundable** \$50.00 fee payable to Temple University.*

*Thank you for applying to Temple University School of Pharmacy. If you have any questions, please call (215) 707-4900.*