Doctor of Pharmacy (Pharm. D.) Transfer Student Application
This application is for students interested in transferring to the Doctor of Pharmacy (Pharm.D.) program at the Texas A&M Health Science Center Irma Lerma Rangel School of Pharmacy.

An email notification will be sent to you upon receipt of your application and supporting documents. Therefore, it is recommended that you keep your email address current with the Texas A&M Rangel School of Pharmacy. Incomplete applications and those received after the Feb. 1 deadline will not be considered.

**Application Deadline: Postmarked by Feb. 1.**

**Checklist**
A complete application includes:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
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<tbody>
<tr>
<td>A Texas A&amp;M Rangel School of Pharmacy Transfer Student application.</td>
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<td>A personal statement that details the reason(s) for transfer.</td>
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<td>Information about any student pharmacy organizations, extracurricular activities or volunteer work in which the student has participated.</td>
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<td>A Residency Questionnaire.</td>
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<td>Official transcript(s) from the student’s current school/college (a minimum earned grade-point average of 3.25 on a 4.0 scale is required).</td>
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<td>Official transcripts from the institution(s) where pre-pharmacy coursework was completed (must have a minimum earned grade-point average of a 2.75 on a 4.0 scale is required). Mail official transcripts from each college/university attended. Please, do not send electronic transcripts.</td>
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<td>A $100 nonrefundable application fee in the form of a personal check (no temporary checks), cashier’s check, or money order payable to “TAMHSC Rangel School of Pharmacy.” Include your first and last name and date of birth.</td>
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<td>Three letters of recommendation (two from faculty members who taught the student in the current pharmacy school/college and one from a pharmacist or work supervisor who has firsthand knowledge of the student’s capabilities.</td>
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<td>A Letter of Good Academic and Professional Standing from the Dean of the ACPE-accredited pharmacy school/college in which the student is currently enrolled.</td>
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<td>Applicants with international transcripts are required to submit a foreign credentials transcript evaluation. Visit the following web site for a list of acceptable credentialing agencies: <a href="http://www.naces.org/">http://www.naces.org/</a>. Original transcripts in native and English language are required along with degree statement from respective university.</td>
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<td>Applicants should submit a TOEFL score of 550 or higher; scores must be sent directly from the Educational Testing Service (ETS) (Use code 5387). Score should not be more than two years old. International students who have completed a four-year baccalaureate or higher degree at a regionally-accredited U.S. institution will not be required to submit TOEFL scores.</td>
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<td>The most recent official PCAT score taken within the last three calendar years (a competitive PCAT score is required); scores more than three years old will not be considered. PCAT scores must be submitted directly from the testing center (use code 097). PCAT taken January of the same year of application period will not be considered as scores will not arrive by the Feb. 1 deadline.</td>
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Mail the application and supporting documents in one packet postmarked by Feb. 1 to:

Texas A&M Health Science Center
Irma Lerma Rangel School of Pharmacy
Office of Academic Affairs
1010 West Avenue B, MSC 131
Kingsville, Texas, 78363
Section 1

Applying for the class entering fall ________________.

Name: ____________________________

Last       First       Middle        Maiden (optional)

Last four digits of SSN: __________

Do you have academic records under another name? Yes ☐ No ☐

If yes, indicate name: ____________________________

Last       First       Middle

Permanent Mailing Address: ____________________________

Street, Apt., PO Box       City       County

Telephone: ______________________

State       Zip Code

Cell Phone: ____________________________ Email: ____________________________

Mailing Address*: ____________________________

Street, Apt., PO Box       City       County

Telephone: ______________________

State       Zip Code

*If same as permanent address, please write “Same as Above.”

Emergency Contact Information

Name ____________________________ Telephone ____________________________

Address ____________________________ Cell Phone ____________________________

Relationship ____________________________

Demographic, ethnic & gender information

Date of Birth ____________________________ Place of Birth ____________________________

Ethnicity and Race: Are you Hispanic or Latino? Yes ☐ No ☐

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Please select the racial category or categories with which you most closely identify. Check as many as apply.

☐ American Indian or Alaska Native   ☐ Native Hawaiian or other Pacific Islander

☐ Asian   ☐ White

☐ Black or African American   ☐ Other

Gender: ☐ Male   ☐ Female   ☐ Other

Note: This information is for reports to the American Association of Colleges and Pharmacy (AACP) and for data collection. The information provided will be used in a nondiscriminatory manner, consistent with applicable laws and will not be used in admissions decisions.
Education

A. High School: ___________________ City and State: _______________ Year of Graduation: ______

B. All undergraduate colleges attended (list in chronological order, beginning with the most recent).

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<thead>
<tr>
<th>Institution</th>
<th>Campus/Location/State</th>
<th>Dates</th>
<th>Major</th>
<th>Degree Earned</th>
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C. All graduate or professional schools attended (list in chronological order, beginning with the most recent)

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<th>Institution</th>
<th>Campus/Location/State</th>
<th>Dates</th>
<th>Major</th>
<th>Degree Earned</th>
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D. Have you ever been, or are you now, subject to probation, suspension, academic dishonesty charges, or dismissal from an institution?  
☐ Yes  ☐ No

If your answer is “No,” please skip to question G.

E. If you answered “Yes” to question D, were you or have you been subject to:
   - Academic Probation:  ☐ Yes  ☐ No
   - Academic Suspension:  ☐ Yes  ☐ No
   - Disciplinary Probation:  ☐ Yes  ☐ No
   - Disciplinary Suspension:  ☐ Yes  ☐ No
   - Academic Dishonesty Charges:  ☐ Yes  ☐ No

F. Please list the institution(s), the semester(s) and explain the situation(s) for each category you selected “Yes” for in question E.

G. Are you eligible to return to each of the above institutions?  
☐ Yes  ☐ No

If no, please list institution(s) and explain the situation(s).
Section 2  
Application for Admission

Pharmacy School Admission Test (PCAT) scores, code #097. Please indicate scores and the date you took or plan to take the test.*

<table>
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<tr>
<th>Date Taken</th>
<th>Composite Percentile</th>
<th>Quantitative Percentile</th>
<th>Biology %</th>
<th>Chemistry %</th>
<th>Verbal %</th>
<th>Reading %</th>
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*Please note: PCAT scores greater than 3 years old will not be accepted. If your score is greater than 3 years old, please indicate when you plan to retake the exam.

TOEFL Score:__________________ Scores are required of all international student applicants who have not earned a bachelor’s degree from an accredited U.S. college/university (use code #5387).

Provide the following information for each individual submitting a recommendation on your behalf.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Area Code</th>
<th>Phone number</th>
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Section 3  
General Information

Note: This information is for reports to the American Association of Colleges and Pharmacy (AACP) and for data collection. The information provided will be used in a nondiscriminatory manner, consistent with applicable laws and will not be used in admissions decisions.

List all honors and other recognitions received in college. Include organizations and honorary societies.

Include your extracurricular and community activities and the extent of involvement (offices held, etc.)

Have you been employed during the summer or other vacation periods while in school?  
☐ Yes  ☐ No

Do you plan to continue work if accepted in the pharmacy program?  
☐ Yes  ☐ No

If yes, how many hours per week? ___________________
List in chronological order, beginning with your current position, your title or job description, place, and dates of employment.

Have you ever volunteered or been employed in a pharmacy?  
☐ Yes, volunteered  ☐ Yes, employed  ☐ No  
If yes, please provide the number of months employed and the name of the pharmacy and pharmacist employer.

If you are a Certified Pharmacy Technician (CPhT), what is your certificate number?

List any significant health care related activities to date. Please include dates of involvement, level of responsibility, and number of hours per week.

Have you ever been in the armed forces?  
☐ Yes  ☐ No  If so, complete the following:

Branch of service: __________  Rank: __________________  Entry Date: ________________

Date & Type of Discharge: __________________  Reserve Status: ________________

Are you eligible for veteran’s benefits?  ☐ Yes  ☐ No  If yes, under what law?

Note: If you checked “Yes” and you are admitted, please contact the Texas A&M Health Science Center Financial Aid Office to determine the appropriate process to apply for benefits. You may call 979.436.0197

Have you ever matriculated in or attended any other health-related professional school?  
☐ Yes  ☐ No  If yes, list name of school, program, and dates attended.

Have you ever been...

...convicted of a felony or misdemeanor, other than a minor traffic violation, within the last five years?  
☐ Yes  ☐ No  If yes, please explain.

...the subject to a deferred adjudication within the last five years?  
☐ Yes  ☐ No  If yes, please explain.

...subject to a court order probation of confinement within the last five years?  
☐ Yes  ☐ No  If yes, please explain.

...convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for the offense within the last five years?  
☐ Yes  ☐ No  If yes, please explain.

If you have answered “Yes” to any part of the above question, please provide the details of the conviction or action on a separate sheet of paper and attach to the application. Please include in your explanation, the name and location of the court or jurisdiction, the date of the action and, if applicable, the date that the probation, deferred adjudication or confinement terminated.
Give the name and relationship of all relatives in the pharmacy profession (including position, college, and date of graduation):

The Credentialing Committee reviews all student transfer applications and makes a recommendation to the Dean of the School. Describe any special circumstances that might aid the Credentialing Committee in considering your application:

List all of the pharmacy schools to which you are applying for transfer this year:

<table>
<thead>
<tr>
<th>Year</th>
<th>College</th>
<th>Interview</th>
<th>Status</th>
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Have you applied to this institution previously? If yes, please provide the dates below.

Date

Section 4 Residency Information

*Please answer all questions. Use not applicable if the question does not apply to you.*

Are you a U.S. citizen?     ☐ Yes     ☐ No     If “No,” of what country are you a citizen?

If you are not a citizen, do you hold a Permanent Residence status (valid I-551) for the U.S.?

☐ Yes     ☐ No

If “Yes,” provide the date that permanent resident card was issued*:

Number:

*Mail a copy of both sides of the card to the address provided on the checklist.

Are you a resident of Texas?    ☐ Yes    ☐ No

If “No,” of what state/country are you a resident?  

If you are self-supporting and not claimed as a dependent on your parent’s or court-appointed legal guardian’s most recent tax return, please answer the following:

(a) How long have you lived in Texas?     Years ______ Months ______

(b) Previous state or country of residence

(c) If you came here within the past five years, why did you move to Texas?

☐ Education     ☐ Employment     ☐ Military Assignment     ☐ Other

(d) If other, please explain:
If your parent or court-appointed legal guardian can claim you as a dependent for the current tax year, please answer the following (if court-appointed legal guardian, copies of guardianship papers must be provided).

(a) Name of person who will claim you as their dependent: ____________________________

(b) Relationship to self:  ☐ Parent  ☐ Court-appointed Legal Guardian

(c) How long has this person resided in Texas?  Years _____  Months _____

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I have read and understand the instructions. I certify that, to the best of my knowledge, the information submitted in this application is complete and correct.

I also understand that false and/or omitted information will invalidate this application and may result in rejection of the applicant or dismissal from the Texas A&M Rangel School of Pharmacy if I have been admitted.

I authorize that this information may be used by the Texas A&M Rangel School of Pharmacy for research and development purposes aimed at improving pharmacy education and admissions program.

I have read and understand the College's Technical Standards for Completion of the Curriculum.

______________________________  ________________________________
Date  Signature of Applicant

Mail the application and supporting documents in one packet postmarked by Feb. 1 to:

Texas A&M University
Irma Lerma Rangel
School of Pharmacy
Office of Academic Affairs
1010 West Avenue B, MSC 131
Kingsville, Texas, 78363