



*Irma Lerma Rangel*

**PHARMACY**

**TEXAS A&M HEALTH SCIENCE CENTER**

**Doctor of Pharmacy (Pharm. D.)  
Transfer Student Application**



# 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 College 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 College 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:

- A Texas A&M Rangel College of Pharmacy Transfer Student application.
  - A personal statement that details the reason(s) for transfer.
  - Information about any student pharmacy organizations, extracurricular activities or volunteer work in which the student has participated.
  - A Residency Questionnaire.
  - 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).
  - 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.**
  - 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 College of Pharmacy." Include your first and last name and date of birth.
  - 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).
  - 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.
  - 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: <http://www.naces.org/>. Original transcripts in native and English language are required along with degree statement from respective university.
  - 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.
  - 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.
- Mail the application and supporting documents in one packet **postmarked by Feb. 1** to:
- Texas A&M Health Science Center  
Irma Lerma Rangel  
College of Pharmacy  
Office of Academic Affairs  
1010 West Avenue B, MSC 131  
Kingsville, Texas, 78363

# Section 1

# Student Information

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

State Zip Code Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_  
Street, Apt., PO Box City County

State Zip Code Telephone: \_\_\_\_\_

\*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.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |

Gender:  Male  Female  Other

**Note:** This information is for reports to the American Association of Colleges and Pharmacy (AACCP) 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).

| Institution | Campus/Location/State | Dates | Major | Degree Earned |
|-------------|-----------------------|-------|-------|---------------|
|             |                       |       |       |               |
|             |                       |       |       |               |
|             |                       |       |       |               |
|             |                       |       |       |               |
|             |                       |       |       |               |

C. All graduate or professional schools attended (list in chronological order, beginning with the most recent)

| Institution | Campus/Location/State | Dates | Major | Degree Earned |
|-------------|-----------------------|-------|-------|---------------|
|             |                       |       |       |               |
|             |                       |       |       |               |
|             |                       |       |       |               |
|             |                       |       |       |               |
|             |                       |       |       |               |

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.\*

| Date Taken | Composite Percentile | Quantitative Percentile | Biology % | Chemistry % | Verbal % | Reading % |
|------------|----------------------|-------------------------|-----------|-------------|----------|-----------|
|            |                      |                         |           |             |          |           |
|            |                      |                         |           |             |          |           |
|            |                      |                         |           |             |          |           |

\*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.

| Name | Title | Address | Area Code | Phone number |
|------|-------|---------|-----------|--------------|
|      |       |         |           |              |
|      |       |         |           |              |
|      |       |         |           |              |

## Section 3

## General Information

Note: This information is for reports to the American Association of Colleges and Pharmacy (AACCP) 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 College. 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:

| Year | College | Interview | Status |
|------|---------|-----------|--------|
|      |         |           |        |
|      |         |           |        |
|      |         |           |        |

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 \_\_\_\_\_

- 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 College of Pharmacy if I have been admitted.
- I authorize that this information may be used by the Texas A&M Rangel College 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:

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College of Pharmacy  
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