Program Application for Doctor of Philosophy in Pharmacy University of Louisiana at Monroe

Please send all enclosed documents to:

Dr. Kevin Baer Waste Management Endowed Professorship in Toxicology, Director of Graduate Studies and Research,

University of Louisiana at Monroe College of Pharmacy 700 University Avenue Monroe, LA 71209

Doctor of Philosophy in Pharmacy Application Checklist

Before completing the following materials, be sure you:

- Have completed application to the Graduate School: http://ulm.edu/gradschool/applyonline.html
- Have submitted all transcripts to Graduate Admissions
- Have submitted test scores electronically to institution code 6482
- If you are an international applicant, have submitted the following materials, found here: http://ulm.edu/gradschool/international admissions.html
 - o TOEFL and/or IELTS score
 - Statement of Financial Backing
 - o Proof of Immunization

The following materials should be submitted to the School of Pharmacy:

- **Statement of Purpose:** Write a 300-500 word essay describing your personal and professional goals, and why you believe you should attend University of Louisiana at Monroe.
- Graduate Assistant Application
- **Three letters of recommendation:** Submit three letters of recommendation from references who can speak to your professional or academic character. Letters must be on professional letterhead and must contain the original signature of the writer. Letters may not be from family members.

UNIVERSITY OF LOUISIANA AT MONROE

Office of the Graduate School

APPLICATION FOR GRADUATE ASSISTANTSHIP

(The University of Louisiana at Monroe is an equal opportunity employer)

This form is to accompany the prospective graduate assistant's three letters of recommendation and should be sent to the academic unit in which the assistantship is desired. A separate application for admission to the Graduate School must be submitted by the student to the Graduate School Admissions Office.

	APPLICANT	INFORMAT	ION		
ull Name:			CWID:		
Current Address:(Street)			Telephone Number: ()		
(City, State		(Zip)	- Tolombono Numbon	(
Permanent Address:(Street)			_ Telephone Number	e Number: ()	
(City, State	_	(Zip)	_		
Are you a U.S. Citizen?: Yes	No If no, what country	/?:	Vi	sa Type:	
	ASSISTANTSH	IP INFORMA	ATION		
Please note any abilities that should	be considered:				
	ACADEMIC	INFORMAT	ION		
GRE/GMAT Scores: Verbal	Quantitative	Total	TOEFL:		
Undergraduate GPA:	Graduate GPA:	Fo	ormula Score:		
Graduate Major:		Admission Stat	:us: Regular	Conditional	
Institutions Attended	Dates Attended		Major	Degree/Date	
				_	
				_	
				_	

	OTHER INFORM	MATION					
Scholastic Honors, Organizational Membership, College Activities, Special Interests:							
Employment Record (List sec Employer	quentially, most recent first) Employer's Address	Position	Dates Employed				
Recommendations (Ask thre unit in which you wish to reconstruction)	e persons under whose direction you've seive an assistantship) Address	studied/worked to send a	a recommendation to the academic				
Please provide a statement o	of your academic and career goals:						
Signature of A	pplicant	Date					

Routing Instructions:

A. To the unit in which the assistantship is desired:

- 1. Application for Graduate Assistantship
- 2. Three recommendation forms/letters
- B. To the Office of the Graduate School
 - 1. Application for admission to Graduate School
 - 2. Official transcripts from all colleges attended
 - 3. All relevant test scores