

Admission Application

College of Pharmacy
Dean Stuart Feldman Summer Science Institute

June 2-June 7, 2019

College of Pharmacy

Athens GA 30602

Application deadline: Friday, March 29, 2019



UNIVERSITY OF
GEORGIA
College of Pharmacy

Application Form
(Due March 29, 2019)

Personal Information

Name: Last First

Phone Number Cell (optional)

Email Address (required)

Current mailing Address

Street City State Zip

Home Mailing Address (if different from above)

Street City State Zip

Phone

Male

Female

US Citizen

Other citizenship

Dual US citizen

US permanent resident visa

Are you Hispanic/Latino?

American Indian or Alaska Native (including all original People of the Americas)

Asian (Indian Subcontinent)

Black or African American (including African and Caribbean)

Native Hawaiian or other Pacific Islander

White (including Middle Eastern)

Household

Parents' Martial Status (relative to each other): Never married Married Separated
 Divorced (date _____)
Mm/yyyy

With whom do you make your permanent home? Mother Father Both Legal Guardian
 Ward of the Court/State Other

Mother is deceased yes no (Date deceased _____)
Mm/yyyy

Father is deceased yes no (Date deceased _____)
Mm/yyyy

PLEASE SEE BELOW FOR CAMPUS HOUSING INFORMATION

Parent/Guardian Information

Last /Family/ Sur First/Given Middle Title (Mr, Ms, Dr.)

Country of Birth _____

Home Address if Different from yours

Home phone (___) _____

E-mail _____

Occupation _____

Name of Employer _____

College (if any) _____

Degree _____ Year _____

Graduate School (if any) _____

Degree _____ Year _____

Last/Family/Sur First/Given Middle Title (Mr., Ms, Dr)

Country of Birth _____

Home Address if different from yours

Home phone (___) _____

E-mail _____

Occupation _____

Name of Employer _____

College (if any) _____

Degree _____ Year _____

Graduate School (if any) _____

Degree _____ Year _____

Academic Information

High School	City	State
Class Status next fall:		
SAT (if taken)	Verbal	Math Writing
PSAT Total	Verbal	Math Writing
GPA*	On a Scale of 4.0	

Submit Copy of: Official Transcript Two Letters of Recommendation (*At least one by a teacher*)

* *Rising seniors: 3.33 GPA*

Please list any relevant awards, activities, honors, or leadership positions:

Please describe any pharmacy or science related organizations that you have participated in and relevant roles while in high school. (*i.e. internship, shadowing a pharmacist, working in a science environment*)

Program Cost:

- | | | |
|---|-------------------------------------|------------------------------------|
| I plan to reside in university housing for the week of the summer program | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I submit/will submit a scholarship application by the March 15, 2019 deadline | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I plan to pay \$350.00 for my housing and laboratory fees | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I plan to commute for the week | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Essay Topic:

In the space below, please explain why you are interested in a career in pharmacy or a science field and how you will add to the diversity of the program.

Please return completed application, including recommendations and transcript to:
Vivia Hill-Silcott, Ph.D.
Director of Diversity Programs, Academic Support, and
Dean Stuart Feldman Summer Science Institute
University of Georgia
Athens, GA 30602
vhsilcot@uga.edu



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