



## 3+3+1 Pharmacy Program Application

In addition to an application, applicants are required to complete and submit the following:

- Earn a minimum overall G.P.A. of a 3.2 at Texas A&M International University (TAMIU).
- TAMIU transcript copy (If you do not have a TAMIU transcript submit your HS)
- Three letters of evaluation, acceptable references are the pre-health advisor, a faculty member, or a professional mentor (pharmacist).
- 20 hours of working, volunteering, shadowing, or observing in a pharmacy are recommended.
- Resume
- Personal statement describing what motivates you to pursue a pharmacy degree, include goals, achievements, and personal experiences. (2 page limit)

Application Deadline is Feb 25<sup>th</sup> 2019 by 5:00 PM to Dr. Gonzalez

Questions regarding the application should be directed to:

Dr. Hector Gonzalez, TAMIU Pre-Health Professions Advisor

[Hector.gonzalez@tamiu.edu](mailto:Hector.gonzalez@tamiu.edu) (preferred)

956.326.3121

For more information about the Texas A&M Irma Lerma Rangel College of Pharmacy please visit <https://pharmacy.tamhsc.edu/about/>.

Questions regarding the College of Pharmacy should be directed to:

[cop-admissions@pharmacy.tamhsc.edu](mailto:cop-admissions@pharmacy.tamhsc.edu)

961.221.0648

# 3 + 3 +1 Pharmacy Program Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

TAMIU I.D. No: \_\_\_\_\_ Anticipated year of Enrolment at COP: \_\_\_\_\_

## Education

High School: \_\_\_\_\_

HS Rank: \_\_\_\_\_ Out of: \_\_\_\_\_ Dual credit earned? YES  NO  Credits earned: \_\_\_\_\_

College: \_\_\_\_\_

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

## References

*Please list two or three professional references (these are the individual who are writing your letters).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_