



California Northstate University
College of Pharmacy
Transfer Student Application

California Northstate University College of Pharmacy

Transfer Student Application

The Transfer Student Application is for individuals applying to the Doctor of Pharmacy (PharmD) program with an interest in transferring to California Northstate University College of Pharmacy. An email notification will be sent upon receipt of your application packet. Therefore, it is recommended that you keep your e-mail address current with the College of Pharmacy.

Checklist

The completed Transfer Student Application must be received by the Admissions Office by the last day in May, prior to the Fall semester you wish to enroll. All of the documents listed below are required and must be received by the deadline for your application packet to be considered complete. Information submitted after this deadline may not be taken into account when reviewing your Transfer Student Application.

- California Northstate University College of Pharmacy Transfer Application
- Supplemental Application and Fee
- Personal statement and letter to the College Dean outlining reasons for seeking a transfer to California Northstate University College of Pharmacy
- A letter from the Dean of the originating College/School of Pharmacy outlining details of the transferee's academic performance
- Two Letters of Recommendation from a Professional Reference (Faculty, Healthcare Professional, or University Administrator)
- Official Transcripts from applicant's current school/college
- Official Transcripts from all institutions where pre-pharmacy course work was completed
- Syllabi for each pharmacy course completed at the school/college of origin
- Interview with the Dean of the College of Pharmacy or designated administrator

Application Submission Information

Mailing Address: California Northstate University
College of Pharmacy - Office of Admissions
9700 West Taron Drive
Elk Grove, CA 95757

Email Address: COPadmissions@cnsu.edu
(Use Email Subject Line - Transfer Application)

Section One
Student Information

Most Recently Completed Professional Year of Pharmacy School at Current Institution (please circle):

P1 P2 P3 P4

Professional Year of Pharmacy School you would like to transfer into at California Northstate University College of Pharmacy (please circle):

P1 P2 P3

Applying for entry into California Northstate University College of Pharmacy in Fall of _____.
(Year)

1. Name: _____
Last First Middle Maiden (optional)

2. Last Four Digits of SSN: ____ _ _ _

3. Do you have academic records under another name? Yes () No ()

If Yes, Indicate Name: _____
Last First Middle

4. Permanent Mailing Address: _____
Street City State Zip

Telephone: (_____) _____ Cell Phone: (_____) _____

Email: _____

5. Current Mailing Address: _____
Street City State Zip

Telephone: (_____) _____

Demographic Information

a) Date of Birth: ____/____/____

b) Place of Birth: _____

c) Gender: _____ Female _____ Male

Note: This information is requested in order to facilitate reporting 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 civil rights laws and will not be used in any admissions decisions.

6. Education

A. High School: _____
City: _____ State: _____ Year of Graduation: _____

B. All Undergraduate Colleges Attended (list in chronological order, beginning with the most current)

Institution	Campus/Location/State	Dates	Major	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. All Graduate or Professional Schools Attended (list in chronological order, beginning with the most current)

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 ()

E. If yes, answer the following:
Academic Probation: Yes () No () Academic
Suspension: Yes () No () Disciplinary
Probation: Yes () No () Disciplinary
Suspension: Yes () No () Academic
Dishonesty Charges: Yes () No ()

F. If you answered yes to any of the above, please list the institution(s), the semester(s) and explain the situation(s).

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 Two

Application for Admission

7. TOEFL Score: _____ Scores required of all international student applicants who have not completed a bachelor's degree from an accredited U.S. college/university (use code #5387).
8. Provide information for each individual submitting a recommendation on your behalf:

Name	Title	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section Three

General Information

9. List honors and recognitions received in college. Include organizations and honorary societies.
10. Include your extracurricular and community activities and the extent of your involvement (offices held, etc.)
11. Have you been employed during summer or other vacation periods while in undergraduate school?
Yes () No ()
Do you plan to continue to work if accepted in the pharmacy program? Yes () No ()
If yes, how many hours per week? _____
12. List in chronological order, beginning with your current position, your title or job description, place, and dates of employment.
13. Have you ever 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? _____

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

15. Have you ever served 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 so, under what law?

16. Have you ever matriculated in or attended any pharmacy school as a candidate for B. S. or Pharm. D.?
Yes () No () If yes, list name of school, program, and dates attended.

17. 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.

18. 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 explain. _____

The subject to a deferred adjudication within the last five years?
Yes () No () If yes explain. _____

Subject to a court order probation or confinement within the last five years?
Yes () No () If yes 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 explain. _____

If you have answered "Yes" to any part of question 18, state the details of such 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.

19. Give the name and relationship of all relatives in the pharmacy profession (including position, college, and date of graduation):

20. Describe any special circumstances that might aid the Admissions Committee in considering your application:

21. List all 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 dates below:

Section Four
Residency Information

22. 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 Permanent Residence status (valid I-551) for the U.S.? Yes () No ()

If 'Yes', provide date permanent resident card was issued: ___/___/____ Number: _____
(MM) (DD) (YYYY)

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

- I have read and understand the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge.
- I also understand that false and/or omitted information will invalidate this application and will result in rejection of the applicant or dismissal from the California Northstate University College of Pharmacy if the applicant has been admitted.
- I authorize that this information may be used by the California Northstate University College of Pharmacy for research and development purposes aimed at improving pharmacy education and admissions programs.
- I have read and understand the College's Professional & Technical Standards the PharmD Program

_____ Date

_____ Signature of Applicant