

**HAMPTON UNIVERSITY
SCHOOL OF PHARMACY**

Application Supplement

Applying for Term Beginning Fall, 20____

Failure to accurately, completely and truthfully execute the application and its supplement will result in the cancellation of admission and /or expulsion from the School of Pharmacy. Your application for admission to the School of Pharmacy will not be complete without this supplement.

(Please Type or Print in Black or Blue Ink)

Name: _____ (last 4 digits of SSN) _____

Address: _____

City, State, Zip Code: _____ **Date of Birth:** _____

Gender: ___ Male ___ Female **Email address** _____

Phone: (cell) _____ **(home)** _____

Nation of Citizenship: _____ **State of Residency:** _____

Ethnicity: (please check one)

African-American _____

White, Non-Hispanic _____

Native American _____

African _____

Asian _____

Hispanic _____

Other _____

Have you previously attended another School of Pharmacy? Yes__ No__

If yes, school _____, **dates of attendance** _____.

Have you ever been convicted of a felony? ___ If yes, please give details: _____

Do you have any Board of Pharmacy action against you pending or resolved? _____

If yes, give details:

University/College in which you are currently enrolled:
(Please list the full name of the institution.)

Prior School Attendance

Please list below, in chronological order, every college, university, trade or technical school you have ever attended and all degrees earned (or that you expect to earn), including Associate Degree(s). If a degree was not earned, leave section empty. Use additional sheets if necessary.

Name of School	Location	Dates of Attendance From/To	Degree(s) Earned/Expected

List all courses taken during the fall and spring semesters the year prior to requested enrollment at Hampton University. If not currently taking any classes, please check the box below.

[] Not taking classes the year prior to enrollment.

Courses in Progress

College: _____ Term: _____			College: _____ Term: _____		
Course No.	Course Title	Sem./Qtr. Hrs.	Course No.	Course Title	Sem./Qtr. Hrs.
Total Hours:			Total Hours:		

At the close of each of the above sessions, please request that the Registrar's Office at the institution you are attending forward an official copy of your transcript(s) to Hampton University, School of Pharmacy, Office of Academic and Student Affairs, Hampton, VA 23668. Please be advised that we do not make exceptions for the late arrival of any admissions material and/or transcripts.

Will on campus housing be required? ___Yes ___No

