UNM / NMSU Cooperative Pharmacy Program 2018
Application Instructions

The UNM/NMSU Cooperative Pharmacy Program is designed to increase the number of pharmacy students from Southern New Mexico and ultimately the number of pharmacists practicing in the area. Students selected will complete the pre-pharmacy coursework at NMSU, and then enter the College of Pharmacy for the didactic phase of the PharmD curriculum (3 years). The student’s summers after first and second years as well as the fourth and final year of pharmacy school will be spent in the southern areas of the state completing pharmacy practice experiences.

Deadline: January 15, 2018, 5:00 p.m.

Eligibility requirements:

The program is open to all high school seniors who meet the following criteria:

- Attended high school in any of the following counties: Catron, Chaves, Cibola, Curry, de Baca, Doña Ana, Eddy, Grant, Guadalupe, Hidalgo, Lea, Lincoln, Luna, Otero, Quay, Roosevelt, Sierra, Socorro, Torrance or Valencia
- Completion of the following high school academic classes at the conclusion of their senior year:
  - Mathematics (3 years)
  - English (4 years)
  - Science (3 years)
- A grade point average (GPA) of 3.5 or above (on a 4.0 scale) in English, math, social studies, science and foreign language classes at the end of their junior year in high school
- A competitive ACT score (18 or above)
- Will attend New Mexico State University (NMSU) for pre-pharmacy coursework
- Interest in pursuing pharmacy as a career
- Will complete the prerequisite courses at NMSU within 3-4 years
- U.S. Citizen or legal U.S. permanent resident

Please take the time to read all instructions carefully. The items listed below are required for application to the 2018 Cooperative Pharmacy Program. Failure to include any of the materials will result in disqualification of your application.

It is highly recommended that you apply to NMSU by March 1, 2018 for best consideration of various NMSU scholarships.
All application materials must be received in our office or postmarked no later than 5:00 p.m., January 15, 2018. Check the boxes beside each item to help you complete your application.

☐ Completed Application Form
The application form contains important information about you and your family. You will need your parents’ or guardian’s help to complete the application form. Incomplete forms will result in disqualification of your application.

☐ Essay
You are required to write a minimum 400-word, double-spaced, typed essay describing your academic and professional goals, and how they relate to the profession of pharmacy.

☐ 2 Letters of Recommendation – forms attached
This form must be completed by 1 science teacher who knows your character and academic performance and 1 letter from any of the following:
- Pharmacist
- Guidance Counselor
- Principal

The recommender who is completing the form must seal the form in an envelope and write his or her name across the seal on the back of the envelope. Your application will be disqualified if there is no signature or if the seal is broken.

☐ High School Transcripts
The Cooperative Pharmacy Program requires official copies of transcripts from all high schools you have attended. Include the transcripts together with all other application materials.

☐ ACT Scores
If you have taken the ACT exam, include a copy of your exam score(s) if your score or scores are not indicated on your high school transcript.

If mailing application materials, send to:
UNM College of Pharmacy
Office of Student Services
ATTN: UNM / NMSU Cooperative Pharmacy Program
MSC09 5360
1 University of New Mexico
Albuquerque, NM 87131-0001

If delivering application in person, deliver to:
UNM College of Pharmacy
Office of Student Services
College of Nursing / College of Pharmacy Building
UNM North Campus

Additionally, it is highly recommended you apply to NMSU by March 1, 2018 for best consideration of various NMSU scholarships.
UNM / NMSU Cooperative Pharmacy Program 2018
APPLICATION DEADLINE: 5:00 p.m., January 15, 2018

Application instructions: Please complete the following application form. Do not leave blanks. In addition to this application form, you must also include the items listed above for application to the UNM/NMSU Cooperative Pharmacy Program. Failure to include any of the application materials or leaving blank sections on the application will result in disqualification of your application.

- A 400-word, double-spaced, typed essay describing your academic and professional goals, and how they relate to the pharmacy profession
- 2 sealed recommendation forms
- Official copy of transcripts from all high schools attended
- Copy of ACT scores

*All application materials must be mailed or delivered in person to the UNM College of Pharmacy, Office of Student Services by 5:00 p.m., January 15, 2018.

Personal information

1. Name: ____________________________________________
   Last                     First                      Middle

2. Social Security Number: _______ - _______ - _______

3. Address:
   Street Address or P.O. Box Number
   ____________________________________________________
   City or Town                        State                  Zip Code
   ____________________________________________________
   County

4. Phone: ___________________________________________

5. Email address: ___________________________________

6. Gender:
   □ Female    □ Male

7. Date of Birth: _____ / ____ / ______  8. Place of Birth:__________________________

9. Citizenship:
   □ U.S. Citizen□ Lawful permanent resident, “Green Card”
   □ Other:____________________________________________

10. Ethnicity:
    □ Hispanic      □ African American      □ Asian/Pacific Islander
    □ Native American (Tribe) ______________________________
    □ White (Non-Hispanic) ________________________________
    □ Other:____________________________________________
**Educational Background**

11. Please list all high schools you have attended, starting with the most recent:

<table>
<thead>
<tr>
<th>School</th>
<th>City and State</th>
<th>Dates of Attendance</th>
<th>Cumulative GPA</th>
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12. Current Grade Level: __________  
13. Current Cumulative GPA: __________

14. What was your composite ACT score? __________  Date of test: __/__/____

15. Have you been accepted to New Mexico State University?  
   ☐ Yes  ☐ No

**Additional Information**

16. Please list any honors you have received in middle school or high school (can attach a separate page):

________________________________________________________________
________________________________________________________________
________________________________________________________________

17. Please list you extracurricular or community activities during middle or high school (can attach a separate page):

________________________________________________________________
________________________________________________________________
________________________________________________________________

18. Have you been employed and/or done volunteer work? If yes, where/when?

________________________________________________________________
________________________________________________________________
I certify that all information given is true to the best of my knowledge and I agree to provide all necessary documentation. If accepted into the UNM/NMSU Cooperative Pharmacy Program I understand that my participation is a serious educational privilege which will impact my future, my family's future, and the future of healthcare in New Mexico.

__________________________  ______________________
Signature of Applicant        Date

__________________________  ______________________
Signature of Parent/Guardian  Date

All application materials must be postmarked no later than 5:00 p.m., January 15, 2018.

Mail or deliver in person to:

University of New Mexico College of Pharmacy
Office of Student Services
ATTN: UNM/NMSU Cooperative Pharmacy Program
MSC09 5360
1 University of New Mexico
Albuquerque, NM 87131-0001

Phone: (505) 272-3241
UNM / NMSU Cooperative Pharmacy Program
Letter of Recommendation Form

Name of Applicant ________________________________________________________________

Applicant: Before you give this form to an instructor or another person acquainted with your qualifications for this program, please check and sign below. In accordance with the Family Educational Rights and Privacy Act of 1974, I

☐ hereby waive

my right of access to this letter of recommendation

☐ do not waive

_________________________________________
Applicant signature

_________________________________________
Date

_________________________________________
Parent signature (if applicant is less than 18 years of age)

============================================================================================

Please rate the applicant on each of the following items, using a five point scale:
1-below average; 2-average; 3-above average; 4-superior; 5-truly outstanding

☐ Spoken expression

☐ Ability in verbal English expression

☐ Interest in science and math

☐ Appropriate classroom behavior

☐ Attitude toward learning

☐ Self-reliance and independence

☐ Emotional maturity and stability

☐ Motivation for pharmacy

Please attach a letter or recommendation with a narrative assessment of any academic and personal qualities that the student may have which will make them a suitable participant in our program.

_________________________________________
Type or print name

Date

Signature_________________________________________Institution_____________________

Position____________________________________________
UNM - NMSU Cooperative Pharmacy Program
Letter of Recommendation Form

Name of Applicant ______________________________________________________

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☐ hereby waive my right of access to this letter of recommendation

☐ do not waive

Applicant signature __________________________ Date __________________

Parent signature (if applicant is less than 18 years of age) __________________________ Date __________________

====================================================================================================

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☐ Motivation for pharmacy

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____________________________________________________________________________

Type or print name_____________________________________________Date_____________

Signature_________________________________________Institution____________________

Position____________________________________________