



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

- Name: _____
Last First Middle
- Social Security Number: _____ - _____ - _____
- Address: _____
Street Address or P.O. Box Number

City or Town State Zip Code

County
- Phone: _____
- Email address: _____
- Gender: Female Male
- Date of Birth: ____/____/____ 8. Place of Birth: _____
- Citizenship: U.S. Citizen Lawful permanent resident, "Green Card"
Other: _____
- 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:

School City and State Dates of Attendance Cumulative GPA

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) Date

=====

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

- | | |
|---|---|
| <input type="checkbox"/> Spoken expression | <input type="checkbox"/> Attitude toward learning |
| <input type="checkbox"/> Ability in verbal English expression | <input type="checkbox"/> Self-reliance and independence |
| <input type="checkbox"/> Interest in science and math | <input type="checkbox"/> Emotional maturity and stability |
| <input type="checkbox"/> Appropriate classroom behavior | <input type="checkbox"/> 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 _____

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) Date

=====

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

- | | |
|---|---|
| <input type="checkbox"/> Spoken expression | <input type="checkbox"/> Attitude toward learning |
| <input type="checkbox"/> Ability in verbal English expression | <input type="checkbox"/> Self-reliance and independence |
| <input type="checkbox"/> Interest in science and math | <input type="checkbox"/> Emotional maturity and stability |
| <input type="checkbox"/> Appropriate classroom behavior | <input type="checkbox"/> 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 _____