The UNM/NMSU Cooperative Pharmacy Program was 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 in the College of Pharmacy, 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: February 15, 2019

Eligibility requirements:

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

- Currently attending a high school in any of the following 20 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 (recommended score of 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 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 2019 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, 2019, for best consideration of NMSU scholarships.
All application materials require a postmark no later than 5:00 pm on February 15, 2019.

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

**Essay**
Submit a minimum 400-word essay describing your academics, professional goals and how those goals relate to the profession of pharmacy. Your essay should be typed and double-spaced.

**Two Letters of Recommendation**
This form must be completed by **ONE science teacher** who knows your character and academic performance and **ONE 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.

**Submitting Finished Application**

<table>
<thead>
<tr>
<th>Address application packet to:</th>
<th>If hand delivering the application, deliver to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNM College of Pharmacy</td>
<td>UNM College of Pharmacy</td>
</tr>
<tr>
<td>Office of Student Services</td>
<td>Office of Student Services</td>
</tr>
<tr>
<td>ATTN: UNM / NMSU Cooperative Pharmacy Program</td>
<td>College of Nursing/College of Pharmacy Building</td>
</tr>
<tr>
<td>MSC09 5360</td>
<td>UNM North Campus</td>
</tr>
<tr>
<td>1 University of New Mexico</td>
<td></td>
</tr>
<tr>
<td>Albuquerque, NM 87131-0001</td>
<td></td>
</tr>
</tbody>
</table>

*Additionally, it is highly recommended you apply to NMSU by March 1, 2019, for best consideration of NMSU scholarships.*
UNM / NMSU Cooperative Pharmacy Program 2019

APPLICATION DEADLINE: 5:00pm February 15, 2019

It is highly recommended that you apply to NMSU by March 1, 2019, for best consideration of NMSU scholarships.

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 below 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
- Two sealed recommendation forms
- Official copy of transcripts from all high schools attended
- Copy of ACT scores

All application materials are to be mailed or delivered in person to the UNM College of Pharmacy, Office of Student Services by 5:00 pm, February 15, 2019.

Personal information

1. Name: ___________________________ ___________________________ ___________________________
   Last First Middle

2. Social Security Number: ___________________________ xxx-xx-xxxx

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

4. Phone: ___________________________ xxx-xxx-xxxx

5. Email address: ______________________________________________________

6. Gender: 
   ☐ Female   ☐ Male

7. Date of Birth: ___________________________ 8. Place of Birth: ___________________________

10. Ethnicity:  
☐ Hispanic  ☐ African American  ☐ Asian/Pacific Islander  
Select all that apply:  
☐ White (non-Hispanic)  ☐ Native American (Tribe)  ☐ Other _________________________________

Educational Background

11. Please list all high schools you have attended, starting with the most recent (can attach a separate page). 

<table>
<thead>
<tr>
<th>School</th>
<th>City and State</th>
<th>Dates of Attendance</th>
<th>Cumulative GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________</td>
<td>____________________</td>
<td>________________</td>
</tr>
</tbody>
</table>

mm/yyyy to mm/yyyy


14. What was your composite ACT score? _______________  Date of test: _______________  
   mm/dd/yyyy

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 your extracurricular or community activities during middle or high school (can attach a separate page).  
   ____________________________________________________________
   ____________________________________________________________

18. Have you been employed or volunteered in community service? If yes, where and when? (can attach a separate page)
   ____________________________________________________________
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 affect my future, my family's future, and the future of healthcare in New Mexico.

_______________________________________
Signature of Applicant

_______________________________________
Signature of Parent/Guardian

All application materials must be postmarked no later than 5:00pm February 15, 2019.

Mail or hand deliver 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: PRINT THIS FORM AND HAVE IT ATTACHED TO THE LETTER OF RECOMMENDATION. Letter writers must sign this form in order to be used for your application. 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:
☐ HEREBY waive my right of access to this letter of recommendation
☐ I DO NOT waive my right of access to this letter of recommendation

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

☐ Spoken expression ☐ Ability in verbal English expression
☐ Interest in science and math ☐ Self-reliance and independence
☐ Appropriate classroom behavior ☐ Emotional maturity and stability
☐ Attitude toward learning ☐ 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.

Print name: ________________________________________________________________

Position: __________________________ Institution: ____________________________

Signature: __________________________ Date: ____________________________
UNM / NMSU Cooperative Pharmacy Program
Letter of Recommendation Form

Name of Applicant ____________________________________________

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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

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Position: __________________________ Institution: __________________________

Signature: __________________________ Date: __________________________