

University of Louisiana at Monroe
College of Pharmacy
College - Provisional Entry Program Application

Items that must be included with this application:

1. Official College transcript. (4.0 scale), unless currently attending ULM
2. Official ACT/SAT scores.
3. \$50.00 application fee. Check or Money Order made payable to ULM College of Pharmacy.
4. Three Letters of Recommendation. One MUST be from a math teacher, science teacher, one supervisor. NO family member letters.

Mail Application to:

Office of Student and Professional Affairs
 Attn: Dr. Laurel Sampognaro
 ULM College of Pharmacy
 1800 Bienville Dr. Monroe, LA 71201

Applicant Information:

Name: _____
Last
First
Middle

Mailing Address: _____
Street Address
City
State
Zip

Home Phone _____ Cell Phone _____ Email Address: _____

_____ Father's Name _____ Street Address _____ City _____ State _____ Zip _____

_____ Mother's Name _____ Street Address _____ City _____ State _____ Zip _____

High School Attended:

_____ High School Name _____ Street Address _____ City _____ State _____ Zip _____

_____ Phone Number _____ Graduation Year _____ High School GPA _____ ACT/SAT Score _____

College(s) Attended:

University of Louisiana Monroe 700 University Ave. Monroe, LA 71209

_____ Major _____ Anticipated Graduation Year _____ GPA _____

College(s) Attended:

College Name Street Address City State Zip

Phone Number Major Anticipated Graduation Year GPA

College Name Street Address City State Zip

Phone Number Major Anticipated Graduation Year GPA

Pre Pharmacy Organization Member: Yes No

Other Pre Professional Organization: _____

Do you have a relative who is an alumnus of ULM College of Pharmacy? Yes No

If yes, relative's name: _____
Last First Middle

Relationship Graduation Year

Service Assessment

List the service projects in which you have been actively and directly involved.

Check here if not applicable or no content available for discussion.

Organization or Group Affiliation	Project Name	Duration of Service	Number of People Involved	Position Held During Project

Leadership Assessment

List organizations or clubs that you have been a member of (if none, leave blank).

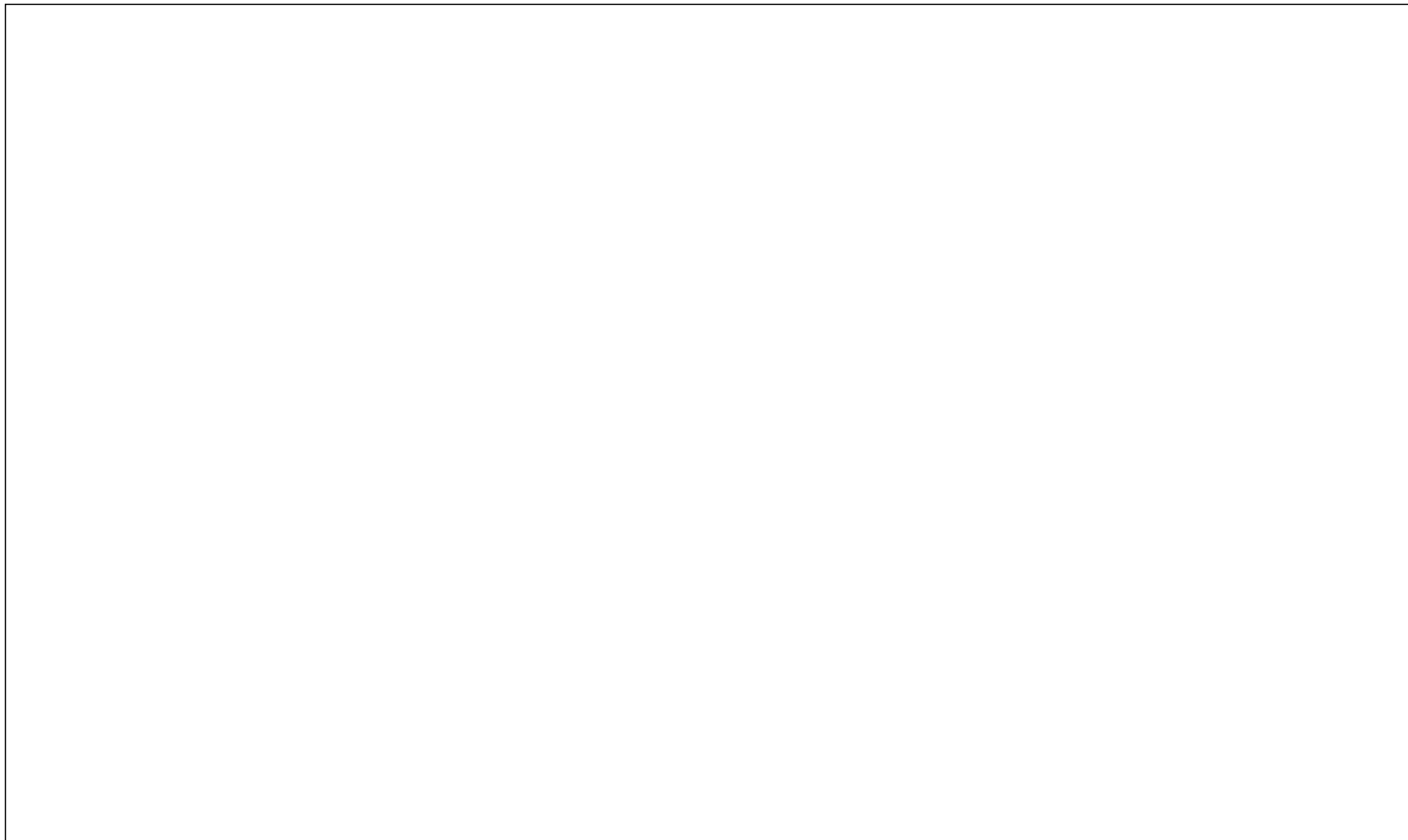
Organization/Club Name	Duration of Membership	Position(s) Held Within the Organization

Questions:

In a brief, typed essay, answer each of the following questions. Length of each answer should be approximately 300 words.

1. Describe the value or personal benefit you have received from either leading or participating in a project that benefited someone other than you.

2. Describe the value or personal benefit you have received from membership or active involvement in an organization or club.



3. What about the field of Pharmacy has excited you that you would want to pursue it as your career for life?

