

UNIVERSITY OF THE PACIFIC

China Pharmaceutical College - Application for Graduate Admission

I. PERSONAL INFORMATION

Full Legal Name _____
Last (Family) First Middle

Preferred First Name _____ **List other name(s)** that may appear on academic records _____

Sex: _____ **Date of Birth** _____
(month/day/year)

Pacific Student I.D. (If Applicable) _____ **E-Mail Address** _____

Permanent Address _____
Number and Street City State/Province Country Zip/Postal Code

Mailing Address (until _____)
(Month/Day/Year) Number and Street City State/Province Country Zip/Postal Code

Home Telephone Number: _____ **Mobile Telephone Number:** _____

Have you previously sought admission to University of the Pacific? Yes No

If yes, indicate the term, program, and degree/ credential for which you applied. _____

Citizenship Information

Citizenship Status _____

Country of Citizenship: _____

City and Country of Birth _____

If you currently hold a valid U.S. visa, what is your classification (F1, J1, etc.)? Expiration Date: _____

Ethnic Origin (optional) Are you Hispanic or Latino? Yes No

Ethnicities: _____

II. ENROLLMENT PLANS

Anticipated Start Term: _____ Summer 2018

Program/Major: Pharmaceutical & Chemical Sciences **Degree:** MS **Concentration:** Drug Targeting & Delivery **Cohort:** China
Pharmaceutical University

I would like to be considered for a graduate assistantship: Yes No

I will be receiving external financial support to attend Pacific: Yes No

If "yes," please provide the following:

Sponsor Name: _____

Funding amount: \$ _____/per Term Year Program

III. ACADEMIC BACKGROUND

School Name: _____
 School Address: _____
 Major: _____
 Start Date: _____ End Date: _____ Degree Date: _____ Degree Earned: _____

School Name: _____
 School Address: _____
 Major: _____
 Start Date: _____ End Date: _____ Degree Date: _____ Degree Earned: _____

School Name: _____
 School Address: _____
 Major: _____
 Start Date: _____ End Date: _____ Degree Date: _____ Degree Earned: _____

IV. STANDARDIZED TEST SCORES

Test Name	Test Date	Official	Quantitative	Verbal	Analytical	Reasoning	Sub Score	Total

V. RECOMMENDATIONS

Name	Phone Number	Email Address

VI. OTHER QUESTIONS

How did you learn about this program at University of the Pacific? _____

Have you ever been convicted of a felony or serious misdemeanor other than a minor traffic violation? Yes No
 If yes, please explain: _____

Have you ever been dismissed or suspended from an academic institution? Yes No
 If true, please explain: _____

I certify that the information given in this application is complete and accurate and that I have not received academic units from any institutions other than those listed. I understand that making false and fraudulent statements within this application could result in denial of admission, disciplinary action, and invalidation of units or degrees earned. Furthermore, I recognize the right of the university to verify the authenticity of all submitted application materials. Should there be any change in the substance of the information I have given here, I will immediately notify the Office of Graduate Studies.

Signature of Applicant _____ Date _____