



**APPLICATION FOR ADMISSION TO THE PH.D. PROGRAM  
IN PHARMACEUTICAL SCIENCES**

MERCER UNIVERSITY COLLEGE OF PHARMACY AND HEALTH SCIENCES  
3001 MERCER UNIVERSITY DRIVE  
ATLANTA, GA 30341-4155

678-547-6730 • 678-547-6423 (FAX)

Please print carefully or type responses to all sections of the application.

DATE \_\_\_\_\_

**PERSONAL DATA**

Social Security Number \_\_\_\_\_ Sex: M F e-mail \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
Last, Family First Middle

Maiden or other name(s) on transcripts \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number Street

City State Zip Code (Area Code)-Phone Number

Present Address \_\_\_\_\_  
Number Street

City State Zip Code (Area Code)-Phone Number

Communications should be sent to  Permanent Address or  Present Address

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Are you a veteran?  Yes  No Are you a  U.S. citizen  Permanent Resident  Non-resident Alien (U.S. visa type \_\_\_\_\_)

Are you Hispanic or Latino?  Yes, I am of Hispanic/Latino origin  No, I am not of Hispanic/Latino Origin

Regardless, of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

- Black, African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  White

List All Colleges or Universities Attended	From: mo/yr	To: mo/yr	Degrees or Credits	Major

**Students with degrees that have not been earned at an accredited United States institution are required to provide a report by a professional evaluation service. Mercer University accepts evaluations from the following three services: World Education Services, Josef Silney & Associates, Inc., and American Association of Collegiate Registrars and Admissions Officers.**

Term for which you request entrance  Fall  Spring  Summer Year: \_\_\_\_\_

You should have the testing agency send official test results to the College of Pharmacy and Health Sciences – Institution Code 5623 and Department Code 0613. If you have not yet taken a required examination, please indicate the date you plan to do so.

Graduate Record Examination \_\_\_\_\_  
Date Verbal Quantitative Analytical

Test of English as a Foreign Language (TOEFL) \_\_\_\_\_  
Date Score

**List three people who will serve as academic references.**

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Name \_\_\_\_\_ Title \_\_\_\_\_

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Address \_\_\_\_\_

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Name \_\_\_\_\_ Title \_\_\_\_\_

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Address \_\_\_\_\_

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Name \_\_\_\_\_ Title \_\_\_\_\_

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Address \_\_\_\_\_

Will you be applying for an assistantship?  Yes  No

Have you applied or intended on applying for our dual-degree, Pharm.D./Ph.D. program?  Yes  No

**On a separate sheet of paper please provide the following information.**

List academic honors, scholarships, fellowships, awards, or certificates received.

List memberships and offices held in professional societies.

List any previous teaching or research experience.

List extracurricular activities or service (academic or community).

In what discipline area are you interested and why are you choosing it? Please check only one of the following:

- Medicinal Chemistry     Pharmacology/Pharmacodynamics     Pharmaceuticals     Undecided

**Provide a statement of your career goals and objectives.** The statement should indicate why you are considering graduate studies, how you believe graduate studies are different from undergraduate studies and why you are applying to the graduate program at Mercer University.

I certify that these responses are true to the best of my knowledge, and I am aware that any knowing falsification of the application form, transcripts, recommendations, or other application materials may result in denial of admission. Further, it is my understanding that I shall not be considered for admission until I have submitted all credentials. I understand that I am responsible for becoming familiar with and abiding by the general regulations governing the conduct of students in the PhD Program in Pharmaceutical Sciences at Mercer University. I pledge to abide by these regulations and any other comparable regulations which may be adopted during the period of enrollment.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Please mail this form with a non-refundable \$25.00 application fee and have the additional requested information sent to: PHARMACEUTICAL SCIENCES GRADUATE PROGRAM, MERCER UNIVERSITY, COLLEGE OF PHARMACY AND HEALTH SCIENCES, DEPARTMENT OF PHARMACEUTICAL SCIENCES, 3001 MERCER UNIVERSITY DRIVE, ATLANTA GA 30341-4155. For further information concerning applications or admission into this program, please telephone (678) 547-6730

*Mercer University is committed to providing equal educational programs or activities, and equal employment opportunities to all qualified students, employees, and applicants without discrimination on the basis of race, color, national or ethnic origin, disability, veteran status, sex, sexual orientation, age, or religion, as a matter of University policy and as required by applicable state and federal laws, including Title IX. Inquiries concerning this policy may be directed to the Equal Opportunity/Affirmative Action Officer/Title IX Coordinator, Human Resources Office, 1400 Coleman Avenue, Macon, Georgia 31207, phone 478-301-2788 or contact [baca\\_dh@mercer.edu](mailto:baca_dh@mercer.edu), or in cases of Title IX concerns, these concerns may be referred to the Office of Civil Rights.*