

**HAMPTON UNIVERSITY  
SCHOOL OF PHARMACY**

**Application Supplement**

Applying for Term Beginning Fall, 20\_\_\_\_

**This application supplement must be received along with the University application and all other required information.** Failure to accurately, completely and truthfully execute the application and its supplement will result in the cancellation of admission and /or expulsion from the School of Pharmacy. Your application for admission to the School of Pharmacy will not be complete without this supplement.

(Please Type or Print in Black or Blue Ink)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Email address \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Nation of Citizenship: \_\_\_\_\_ State of Residency: \_\_\_\_\_

Ethnicity: (please check one)

African-American \_\_\_\_\_

White, Non-Hispanic \_\_\_\_\_

Native American \_\_\_\_\_

African \_\_\_\_\_

Asian \_\_\_\_\_

Hispanic \_\_\_\_\_

Other \_\_\_\_\_

Have you previously attended another School of Pharmacy? Yes\_\_ No\_\_

If yes, school \_\_\_\_\_, dates of attendance \_\_\_\_\_.

Have you ever been convicted of a felony? \_\_\_ If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Do you have any Board of Pharmacy action against you pending or resolved? \_\_\_\_\_

If yes, give details:

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**University/College in which you are currently enrolled:**  
(Please list the full name of the institution.)

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### Prior School Attendance

Please list below, in chronological order, every college, university, trade or technical school you have ever attended and all degrees earned (or that you expect to earn), including Associate Degree(s). If a degree was not earned, leave section empty. Use additional sheets if necessary.

Name of School	Location	Dates of Attendance From/To	Degree(s) Earned/Expected

List all courses taken during the fall and spring semesters the year prior to requested enrollment at Hampton University. If not currently taking any classes, please check the box below.

[ ] Not taking classes the year prior to enrollment.

### Courses in Progress

College: _____ Term: _____			College: _____ Term: _____		
Course No.	Course Title	Sem./Qtr. Hrs.	Course No.	Course Title	Sem./Qtr. Hrs.
<b>Total Hours:</b>			<b>Total Hours:</b>		

At the close of each of the above sessions, please request that the Registrar's Office at the institution you are attending forward an official copy of your transcript(s) to **Hampton University, School of Pharmacy, Office of Academic and Student Affairs, 121 William R. Harvey Way, Hampton, VA 23668**. Please be advised that we do not make exceptions for the late arrival of any admissions material and/or transcripts.

Will on campus housing be required? \_\_\_Yes \_\_\_No

## PERSONAL STATEMENT

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
First MI Last

**Please type a personal statement about your goals relative to pharmacy. Also include any information that you feel to be important in evaluating your application to the School of Pharmacy. You may attach your personal statement to this form. Do not exceed one page in length. Please sign the bottom of your statement attesting to ownership.**

\_\_\_\_\_  
Signature