Admission Application

College of Pharmacy
Dean Stuart Feldman Summer Science Institute

June 4-June 9, 2017

College of Pharmacy
Athens GA 30602

Application deadline: April 21, 2017
Application Form  
(Due April 21, 2017)

Personal Information

Name: Last First

Phone Number

Cell (optional)

Email Address (required)

Current mailing Address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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</table>

Home Mailing Address (if different from above)

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone

☐ Male ☐ Female

☐ US Citizen ☐ Other citizenship

☐ Dual US citizen ☐ US permanent resident visa

☐ Are you Hispanic/Latino? ☐ American Indian or Alaska Native (including all original People of the Americas)

☐ Asian (Indian Subcontinent) ☐ Black or African American (including African and Caribbean)

☐ Native Hawaiian or other Pacific Islander ☐ White (including Middle Eastern)

Household

Parents’ Martial Status (relative to each other): ☐ Never married ☐ Married ☐ Separated

☐ Divorced (date Mm/yyyy)

With whom do you make your permanent home? ☐ Mother ☐ Father ☐ Both ☐ Legal Guardian

☐ Ward of the Court/State ☐ Other

Mother is deceased ☐ yes ☐ no (Date deceased Mm/yyyy)

Father is deceased ☐ yes ☐ no (Date deceased Mm/yyyy)

PLEASE SEE BELOW FOR CAMPUS HOUSING INFORMATION
Parent/Guardian Information

Last/Family/ Sur First/Given Middle Title (Mr, Ms, Dr.) Last/Family/Sur First/Given Middle Title (Mr., Ms, Dr)

Country of Birth
Home Address if Different from yours

Country of Birth
Home Address if different from yours

Home phone (___) ________________________________
E-mail ________________________________
Occupation ________________________________
Name of Employer ________________________________
College (if any) ________________________________
Degree __________________________ Year _______
Graduate School (if any) __________________________
Degree __________________________ Year _______

Academic Information

High School City State
Class Status next fall: 
SAT (if taken) Verbal Math Writing 
PSAT Total Verbal Math Writing 
GPA* On a Scale of 4.0

Submit Copy of: ☐Official Transcript ☐Two Letters of Recommendation (At least one by a teacher)
*Rising seniors: 3.33 GPA

Please list any relevant awards, activities, honors, or leadership positions:

Please describe any pharmacy or science related organizations that you have participated in and relevant roles while in high school. (i.e. internship, shadowing a pharmacist, working in a science environment)
**Program Cost:**
I plan to reside in university housing for the week of the summer program  □ yes □ no
I submit/will submit a scholarship application by the April 11, 2017 deadline  □ yes □ no
I plan to pay $350.00 for my housing and laboratory fees  □ yes □ no
I plan to commute for the week  □ yes □ no

**Essay Topic:**
In the space below, please explain why you are interested in a career in pharmacy or a science field and how you will add to the diversity of the program.

Please return completed application, including recommendations and transcript to:
Vivia Hill-Silcott, Ph.D.
Diversity Programs Coordinator
University of Georgia
College of Pharmacy
Athens, GA 30602
vhsilcot@uga.edu