Name (Last, First)_____ PharmCAS Number: _____

University of Washington School of Pharmacy
PharmD/PhD Concurrent Degree Program
2008 Application Checklist

PharmD/PhD Concurrent Degree Program Application Checklist Section

This form (the PharmD/PhD Concurrent Degree Program Application Checklist) must be postmarked by the January 4, 2008 deadline or hand-delivered to the following address by 5PM, Pacific Time, on January 4, 2008:

PharmD/PhD Concurrent Degree Program
Box 357610
School of Pharmacy
University of Washington
Seattle, Washington 98195

For questions about application to the PharmD/PhD Concurrent Degree Program, please call 206-543-3796.

Each of the following required components of the PharmD/PhD Application Process have been completed:

- ☐ On-line application to the University of Washington Graduate School https://www.grad.washington.edu/application
- ☐ On-line PharmCAS Application to the University of Washington School of Pharmacy PharmD Program
- ☐ University of Washington School of Pharmacy PharmD Program Supplemental Application
- ☐ Attached personal statement regarding your interest in the PharmD/PhD degree

PhD track of interest: ☐ Medicinal Chemistry ☐ Pharmaceutics

Name (Last, First, Middle)	Former Name(s)
PharmCAS Number	E-mail Address

Mailing Address: Street, Number, City, State, Zip and Telephone (Please make sure this address is the same on your PharmCAS application)

Name, address and telephone of parent or guardian (Mandatory for all applicants younger than 25)

Policies and Procedures

I have read the University of Washington School of Pharmacy's PharmD/PhD Concurrent Degree Program admission brochure, application instructions and the Admission, Retention and Graduation Standards, and submit this application in agreement with the policies and procedures mentioned therein. I realize that all supplemental application materials must be postmarked by January 4, 2008 or hand-delivered by 5PM, Pacific Time for my application to be considered. I understand that submitting false or misleading information will disqualify my application from further consideration. I certify that all statements on this application are complete and true. I understand that failure to include all required parts of the application by the postmark deadline date will result in disqualification for consideration.

_____ _____
Full legal signature Date