Name: ___________________________________________________________ UCSD PID Number: ________________

UCSD SPPS Class of: ___________

Print this form, complete and sign it, attach your personal statement and any additional supporting materials and submit it to the Student Affairs Office or send it to:

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Pharm.D./Ph.D. Admissions Committee
9500 Gilman Drive, Mail Code 0657
La Jolla, CA 92093-0657

Application to the Pharm.D./Ph.D. Program must include two letters from persons who can provide a critical evaluation of your a) academic performance, b) undergraduate or employed research experience and c) personality.

I intend to submit two letters from: (Enter the names of the persons who will be writing the letters)

1. __________________________________________________________________________

2. __________________________________________________________________________

Check one of the following:

□ I waive my right of access to the reference letters submitted in support of my application. I will inform the persons writing letters for me that I have waived my right of access.

□ I do not waive my right of access to letters of reference. I will inform the persons writing letters for me that I have not waived my right of access and I may be allowed to read the letters.

Personal Statement: Attach to this form a statement that describes your career plans, your past work, if any, in your proposed field and your goals in pursuing the Pharm.D./Ph.D. program. Include all research and teaching experience you have had, providing titles, publications, research sponsors, institutions and dates. Attach copies of any publications. Place your name and UCSD PID number on all additional pages.

Signature: ____________________________ Date: _________________