

**UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Supplemental Application for the Pharm.D./Ph.D. Program
For Students Currently Enrolled in the Pharm.D. Program**

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: _____