

**The Ohio State University
College of Pharmacy
Early Admissions Pathway
Application
Autumn 2010**

PERSONAL DATA

Last Name _____
First Name _____
Middle Name _____
OSU ID Number _____
Gender Male Female _____
Date of Birth _____
Ethnicity Black, non-Hispanic
 American Indian or Alaska Native
 Asian or Pacific Islander
 Hispanic
 White, non-Hispanic _____

ADDRESS

Street _____
City _____
State _____
Zip _____
Telephone _____
Email _____

SCHOOL DATA

High School Name _____
City, State _____
GPA _____
Class Rank _____
SAT Test Results Date Math Verbal

ACT Test Results Date Science Math English Reading Composite

Have you submitted an application to the Columbus Campus of Ohio State University for Autumn 2010?

Yes
 No

Have you been admitted to the Columbus Campus of Ohio State University for Autumn 2010?

Yes
 No

Have you been approved for Honors Affiliation?

Yes
 No

Have you been convicted of a misdemeanor or felony? (If yes, please disclose the details of the incident in full on a separate sheet.)

Yes
 No