Reset Form

EARLY ADMISSIONS PATHWAY PROGRAM
THE OHIO STATE UNIVERSITY
PERSONAL DATA SHEET

Directions: Please respond to all applicable questions. Please limit your responses to the space provided.

Name _____ Today's Date _____ Social Security Number ____/___/____
(Please print)

1. List any volunteer or work experiences, particularly those you have had in a health-related field.

2. List your extracurricular activities, memberships, interests, hobbies, etc. Indicate any offices you have held in these areas.

3. Include a statement in your own words (150 to 300 words) telling why you want to study pharmacy at The Ohio State University. (Use a separate sheet of paper). Include experiences that have helped you formulate your objectives toward a career in pharmacy. Include significant experiences that have influenced you to pursue a Pharm.D. degree and indicate what you hope to do when you finish your professional education.

4. If there are any personal or academic matters you think might help the Admissions Committee in evaluating your application (e.g., special abilities, interests or personal attributes; personal hardships which you have overcome; academic disadvantage in your previous education), please include them here or on a separate sheet of paper.

5. Have any members of your family graduated from The Ohio State University College of Pharmacy? If so, indicate name, relationship, and year of graduation.

Name _____ Relationship _____ Class of _____

6. You are required to submit three (3) recommendation letters. The inclusion of letters from academic or health professions are preferred. The forms to be used are enclosed in this packet. These should be sent directly by the recommending person to:

The Ohio State University
College of Pharmacy
Admissions Committee
150 Lloyd M. Parks Hall
500 West 12th Avenue
Columbus, OH 43210-1291

_____
(Signature)