



# MIDWESTERN UNIVERSITY

*Tomorrow's Healthcare Team*

## **CHICAGO COLLEGE OF PHARMACY**

EARLY ASSURANCE PROGRAMS TRACK 2 APPLICATION INSTRUCTIONS

TRACK 2 SUBMISSION DEADLINE DATE: JUNE 6, 2021

To initiate our competitive selection process, you must complete and forward a TRACK 2 EARLY ASSURANCE PROGRAMS application packet to **Admissions Office, Midwestern University** that includes the following:

- Completed application
- Personal statement / two essay questions
- Official transcript from your affiliate school

**Only completed applications will be processed.**

### **APPLICATION**

Provide all information requested on this application form. If you prefer, you may attach a resume in lieu of completing the Employment Experiences and Extracurricular/Volunteer Community Activities sections of the application.

### **PERSONAL STATEMENT**

Follow the directions in the application form for preparing your responses to the two essay questions.

### **OFFICIAL TRANSCRIPT**

Obtain an official transcript from your affiliate school. Your transcript must include grades from courses taken during your first two semesters. Please forward your transcript by June 6th to:

Office of Admissions  
Midwestern University  
555 31<sup>st</sup> Street  
Downers Grove, IL 60515

**FOR MORE INFORMATION ABOUT THE EARLY ASSURANCE PROGRAMS VISIT**

<http://www.midwestern.edu/EAP>



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## CHICAGO COLLEGE OF PHARMACY

### EARLY ASSURANCE PROGRAMS TRACK 2 APPLICATION

Completed applications (including application, personal statements, and transcript) should be returned to the Office of Admissions, Midwestern University, 555 31<sup>st</sup> St., Downers Grove, IL 60515, not later than 6/6/21.

College you are currently attending (must be a program-affiliated college): \_\_\_\_\_

ANTICIPATED MWU-CCP START (check one):  Summer 2022  Summer 2023

#### PERSONAL INFORMATION:

<b>Full Legal Name:</b>			
Last	First	Middle	
<b>Other Name(s) under which you may have educational records:</b>			
Last	First	Middle	
<b>Preferred or Nickname:</b>			
<b>Preferred Mailing Address (all correspondence will be sent to this address until otherwise notified):</b>			
Street	City	State	Zip Code
<b>Permanent and/or Legal Residence:</b> <input type="checkbox"/> Same as Preferred			
Street	City	State	Zip Code
<b>Contact Information (please place an * next to preferred contact method)</b>			
Cell Phone Number	Other Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work	E-Mail Address:	
<b>Gender*:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state	<b>Birthdate* (MM/DD/YYYY):</b>	<b>Birthplace:</b> (city, state, country)	
<b>Ethnic / Racial Origin* (check all that apply):</b>			
<input type="checkbox"/> African American/Black		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Nat. Hawaiian/Pacific Islands	
<input type="checkbox"/> Asian		<input type="checkbox"/> White	
<b>U.S. Citizen or National?*</b>		<b>If no, indicate status and enclose documentation:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Permanent Resident (Please enclose copy of your permanent resident card)	
		<input type="checkbox"/> Temporary Non-Citizen (F-1 Visa students must complete an International Student Financial Application. Prior to issuing a student Visa, Midwestern University must receive documentation of sufficient financial resources to pay for education costs.)	
<b>Have you ever been convicted of a felony or misdemeanor?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>If yes, please explain on a separate piece of paper.</b>	
<b>Have you ever participated in the MWU Careers in Pharmacy or PharmAcademy Summer Programs?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please enter program Date:	
<b>How did you hear about MWU-CCP's Early Assurance Programs?</b>			

\*Age, Gender, Race, and Citizenship will not be used as selection criteria during the admission process. Various accrediting agencies rely on us to provide them with an accurate portrayal of our applicant pool. This data is collected for that purpose.

**EMPLOYMENT EXPERIENCES** (Alternatively, you may attach a resume in lieu of completing this section and the “Extracurricular and Volunteer Community Activities” section.)

Start Date	End Date	# of Hours (per week)	Place of Experience (Name, City, State)	Position Title

**EXTRACURRICULAR AND VOLUNTEER COMMUNITY ACTIVITIES**

Organization	Description of Role/Activity/Awards	Dates

**COMPLETED SCIENCE COURSE WORK** (List all science courses completed at your current school.)

Course Name	Credit Hours	Grade	For Office Use Only
<b>For Office Use Only (Totals):</b>			

**2<sup>nd</sup> SEMESTER CUMULATIVE GPA:** \_\_\_\_\_

If you are currently attending one of our **affiliated four-year schools (DAP program)**, you must have a minimum **3.0** cumulative GPA in order for your application to be considered.

If you are currently attending one of our **affiliated community colleges (PPA program)**, you must have a minimum **3.2** cumulative GPA in order for your application to be considered.

**PERSONAL REFERENCES: (required)**

Please list the names of two individuals that know you well and would be willing to provide a recommendation on your behalf. One reference must be an educator. The other can be additional educators, employers or volunteer supervisors. References cannot be related to you.

Name of Reference	Relationship	Telephone	Email

**PERSONAL STATEMENT: (required)**

Attach a response to the following questions. Please limit your response to **one page per question**.

- Please explain why you are interested in a career in pharmacy.
- What does “empathy” mean to you? Describe a personal experience where you expressed empathy.

**SIGNATURE**

**My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration.**

**Applicant’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Midwestern University provides equality of opportunity in its educational programs for all persons, maintains nondiscriminatory admissions policies, and considers for admission all qualified students regardless of race, color, sex, sexual orientation, religion, national or ethnic origin, citizenship status, disability, status as a veteran, age, or marital status.*

*\*Applicants must be able (with reasonable accommodations) to meet the technical standards as outlined in the University catalog which can be found at [www.midwestern.edu](http://www.midwestern.edu).*

**Before you submit this application, we suggest that you make a copy to keep for your records.**