Application for Admission to Doctor of Pharmacy Program

Transfer Application
Transfer applicants are those who are currently enrolled in a professional pharmacy program at an accredited school or college of pharmacy. Transfer applicants must be in good academic standing at the institutions they are currently attending. Some courses may be waived based on the coursework completed. Transfer students are only admitted to the fall semester, and must have a minimum GPA of 3.0 in current pharmacy coursework. Upon admission to the school, a transfer student may obtain course waiver approval from the professor on a course by course basis. www.pharmacy.umaryland.edu/academics/pharmd/transfer_student-applicants/

Please note if you are not transferring from a professional pharmacy school, you will need to apply directly to
PharmCAS. To apply to the School of Pharmacy as a transfer student, complete the application below and submit the additional documentation by April 1, 2022.

Biographic Information

First Name

Last Name

Address

City

State

Postal code

Country/Region

Email address
Date of Birth (MM/DD/YYYY)

Preferred Phone Number

Alternate Name (Check any that apply)

☐ I have materials under another name (for example a maiden name, middle name or nickname)

☐ I have a name (first, middle) that I commonly use that differs from my legal name

What name may other materials be under?

What is your preferred name?

Race, Ethnicity & Gender
Please select one or more of the following groups in which you consider yourself to be a member.

☐ American Indian or Alaska Native  ☐ Native Hawaiian or Pacific Islander
☐ Asian  ☐ White
☐ Black or African-American  ☐ Hispanic/Latino

Sex: What is your current legal sex? This information is required for reporting purposes to the U.S. Federal Government using these values only.

☐ Male
☐ Female
☐ Decline to State

Gender Identity: We understand that your sex may not necessarily be binary. How do you describe your current gender identity? Select all that apply.

☐ Female/Woman
☐ Male/Man
☐ Non-Binary/Third gender
☐ Trans female/Trans woman
☐ Trans male/Trans man
Education History

List ALL educational institutions (colleges, universities, professional schools) that you have attend or are currently attending. List most recent institutions first.

Institution 1

Name of Institution

Location (City, State, Country)

Degree

Attendance Dates

☐ Prefer to self-describe

Please specify your self-described gender identity:
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<th>Institution 2</th>
<th>Institution 3</th>
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<tbody>
<tr>
<td><strong>Name of Institution</strong></td>
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<td><strong>Attendance Dates</strong></td>
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Citizenship Information

United States Citizenship Status

- U.S. Citizen
- Permanent U.S. Resident
- Temporary U.S. Resident
- Non Resident
- None

Country of Citizenship

Type of VISA and Issue Date

Permanent Resident Alien Registration Number & Expiration Date
Uploads and additional items

Personal Statement/Letter of Intent

Resume/CV

Official or Unofficial Transcript/Currently Enrolled Courses

We require a letter of recommendation from a pharmacy faculty. Please indicate name and email of recommender
below and ask recommender to email letter directly to patrice.sharp@rx.umaryland.edu.

Name of Reference

Email of Reference

Please submit the following additional items below to:
University of Maryland School of Pharmacy
Attn: Admissions
20 N Pine St., Ste. S722
Baltimore, MD 21201

- Check or money order for $160 made payable to the University of Maryland
- A letter of recommendation from a pharmacy faculty. Have recommender email letter to: patrice.sharp@rx.umaryland.edu
- Submit an official copy of all transcripts from the pharmacy school you are currently enrolled in, and all post-secondary institutions attended.
- Submit the results of the PCAT, if previously taken. If your current school did not require the PCAT, then it is not necessary for you to take it.
Complete the **Supplemental Application** online. Enter the code TRANSFER as your PharmCAS Identification Number.

If you are a Maryland Resident, you must complete the UMB Application for In-State Status form.

For your reference, this information will be sent in a confirmation email.

**Statement of Fact**

I certify that the information recorded on this application is correct. I understand that failure to give complete and accurate information on this application will result in the immediate cancellation of my application. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student. If the conditions change, I will notify the University in writing within 15 days of such change.

**SIGN HERE**

[Signature]

[Clear]