



## **UNM / NMSU Cooperative Pharmacy Program**

### Application Instructions

The UNM/NMSU Cooperative Pharmacy Program is designed to increase the number of pharmacy students from Southern New Mexico and ultimately the number of pharmacists practicing in the area. Students selected will complete the pre-pharmacy coursework at NMSU, and then enter the College of Pharmacy for the didactic phase of the PharmD curriculum (3 years). The student's summers after first and second years as well as the fourth and final year of pharmacy school will be spent in the southern areas of the state completing pharmacy practice experiences.

#### Eligibility requirements:

The program is open to all high school seniors who meet the following criteria:

- Attended high school in any of the following counties: Catron, Chaves, Cibola, Curry, de Baca, Dona Ana, Eddy, Grant, Guadalupe, Hidalgo, Lea, Lincoln, Luna, Otero, Quay, Roosevelt, Sierra, Socorro, Torrance or Valencia
- Completion of the following high school academic classes at the conclusion of their senior year:
  - Mathematics (3 years)
  - English (4 years)
  - Science (3 years)
  - Foreign Language (1 year)
  - Social Studies (4 years)
- A grade point average (GPA) of 3.5 or above (on a 4.0 scale) in English, math, social studies, science and foreign language classes at the end of their junior year in high school
- A competitive ACT score (above 18)
- Will attend New Mexico State University (NMSU) for pre-pharmacy coursework
- Interest in pursuing pharmacy as a career
- Will complete the prerequisite courses at NMSU within 3-4 years

Please take the time to read all instructions carefully. The items listed below are required for application to the 2010 Cooperative Pharmacy Program. Failure to include any of the materials will result in disqualification of your application.

All application materials must be received in our office or postmarked no later than 5:00pm on Friday, January 29, 2010. Check the boxes beside each item to help you complete your application.

Completed Application Form

The application form contains important information about you and your family. You will need your parents' or guardian's help to complete the application form. Incomplete forms will result in disqualification of your application.

Essay

You are required to write a minimum 400-word, double-spaced, typed essay describing your academic and professional goals, and how they relate to the profession of pharmacy.

2 Letters of Recommendation

This form must be completed by **1 science teacher** who knows your character and academic performance **and 1 letter from any of the following:**

- Pharmacist
- Guidance Counselor
- Principal

The recommender who is completing the form must seal the form in the envelope provided and write his or her name across the seal on the back of the envelope. Your application will be disqualified if there is no signature or if the seal is broken.

High School Transcripts

The Cooperative Pharmacy Program requires official copies of transcripts from all high schools you have attended. Include the transcripts together with all other application materials.

ACT Scores

If you have taken the ACT exam, include a copy of your exam score(s) if your score or scores are not indicated on your high school transcript.

If mailing application materials, send to:

UNM College of Pharmacy  
Office of Student Services  
ATTN: UNM / NMSU Cooperative Pharmacy Program  
MSC09 5360  
1 University of New Mexico  
Albuquerque, NM 87131-0001

If delivering application in person, deliver to:

UNM College of Pharmacy  
Office of Student Services  
College of Nursing/College of Pharmacy Building  
UNM North Campus



**Educational Background**

11. Please list all high schools you have attended, starting with the most recent:

School	City and State	Dates of Attendance	Cumulative GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Current Grade Level:\_\_\_\_\_ 13. Current Cumulative GPA:\_\_\_\_\_

14. What was your composite ACT score?\_\_\_\_\_ Date of test:\_\_\_/\_\_\_/\_\_\_

15. Have you been accepted to New Mexico State University? Yes No

**Family Background**

16. I currently live with: Mother Father Both Other (state relationship to you): \_\_\_\_\_

**Additional Information**

17. Please list any honors you have received in middle school or high school (can attach a separate page):

\_\_\_\_\_  
\_\_\_\_\_

18. Please list you extracurricular or community activities during middle or high school (can attach a separate page):

\_\_\_\_\_  
\_\_\_\_\_

19. Have you been employed and/or done volunteer work? If yes, where/when?

\_\_\_\_\_  
\_\_\_\_\_

*I certify that all information given is true to the best of my knowledge and I agree to provide all necessary documentation. If accepted into the UNM/NMSU Cooperative Pharmacy Program I understand that my participation is a serious educational privilege which will impact my future, my family's future, and the future of healthcare in New Mexico.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

All application materials must be postmarked no later than 5:00pm Friday, January 29, 2010.

Mail or deliver in person to:

University of New Mexico College of Pharmacy  
Office of Student Services  
ATTN: UNM/NMSU Cooperative Pharmacy Program  
MSC09 5360  
1 University of New Mexico  
Albuquerque, NM 87131-0001

Phone: (505) 272-3241

**UNM / NMSU Cooperative Pharmacy Program**  
Letter of Recommendation Form

Name of Applicant \_\_\_\_\_

*Applicant:* Before you give this form to an instructor or another person acquainted with your qualifications for this program, please check and sign below. In accordance with the Family Educational Rights and Privacy Act of 1974.

- hereby waive  
| my right of access to this letter of recommendation
- do not waive

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Parent signature (if applicant is less than 18 years of age) Date

=====

Please rate the applicant on each of the following items, using a five point scale:  
1-below average; 2-average; 3-above average; 4-superior; 5-truly outstanding

- |   |   |
|---|---|
| <input type="checkbox"/> Spoken expression                    | <input type="checkbox"/> Attitude toward learning         |
| <input type="checkbox"/> Ability in verbal English expression | <input type="checkbox"/> Self-reliance and independence   |
| <input type="checkbox"/> Interest in science and math         | <input type="checkbox"/> Emotional maturity and stability |
| <input type="checkbox"/> Appropriate classroom behavior       | <input type="checkbox"/> Motivation for pharmacy          |

Form A . Please provide a narrative assessment of any academic qualities that the student may have which will make them a suitable participant in our program (please use attached form).

Form B. Please provide a narrative assessment of any personal qualities the student may have which will make them a suitable participant in our program (please use attached form).

\_\_\_\_\_  
Type or print name Date

Signature Institution

Position \_\_\_\_\_

### **Letter of Recommendation Narrative**

Please provide a narrative assessment of any *academic and personal qualities* that the student may have which will make them a suitable participant in our program.

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Letter of Recommendation Form

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\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (if applicant is less than 18 years of age) Date

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\_\_\_\_\_  
Type or print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Institution \_\_\_\_\_

Position \_\_\_\_\_

### **Letter of Recommendation Narrative**

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