

Belmont University

School of Pharmacy Supplement

Applicant's Name _____			
First Name	Middle Name	Last Name	
Preferred Name _____		Date of Birth _____	
MM/DD/YYYY			
Address _____			
Street	City	State	Zip
Country _____		Email _____	
Home Phone _____		Cell Phone _____	

Belmont University School of Pharmacy's application for admission requires two (2) steps:

1. Submission of the standardized pharmacy application through PharmCAS (www.pharmcas.org)
2. Completion of the School of Pharmacy supplement, including payment of the \$50.00 non-refundable application fee.

Please send all completed forms to:

Office of Admissions Fax: (615) 460-5434
 Belmont University Phone: (615) 460-6785
 1900 Belmont Boulevard
 Nashville, TN 37212

Applications are not considered complete until the supplemental application form and fee are received.

Term for which you are applying: Fall 20_____

Have you previously applied to Belmont's School of Pharmacy? Yes No If yes, what term? Fall 20_____

How did you first learn about the Belmont University School of Pharmacy? (check only one)

- | | | |
|--------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Belmont's website | <input type="checkbox"/> Current Belmont pharmacy students | <input type="checkbox"/> Newspaper coverage |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Belmont faculty/staff | <input type="checkbox"/> Television coverage |
| <input type="checkbox"/> StudentDoctor.net | <input type="checkbox"/> Practicing pharmacists | <input type="checkbox"/> PharmCAS |
| <input type="checkbox"/> Belmont alumni | Other: _____ | |

How have you learned more about Belmont University School of Pharmacy? (check all that apply)

- | | | |
|--------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Belmont's website | <input type="checkbox"/> Current Belmont pharmacy students | <input type="checkbox"/> Newspaper coverage |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Belmont faculty/staff | <input type="checkbox"/> Television coverage |
| <input type="checkbox"/> StudentDoctor.net | <input type="checkbox"/> Practicing pharmacists | <input type="checkbox"/> PharmCAS |
| <input type="checkbox"/> Belmont alumni | Other: _____ | |

Belmont University

School of Pharmacy Prerequisite Documentation Form

Applicant's Name _____	First Name	Middle Name	Last Name
Preferred Name _____	Date of Birth _____		MM/DD/YYYY

Instructions: Please complete the chart below. Requirements may be taken at any regionally-accredited college or university and must be completed prior to matriculation into Belmont University School of Pharmacy. All prerequisite courses must be completed with a grade of "C" (2.0) or better or credited by receiving Advanced Placement (AP) high school credit. Possible exemptions will be decided by the Assistant Dean of Student Affairs in consultation with the Associate Dean for Academic Affairs and the University Registrar.

Grades: Indicate the letter or number grade on a 4.0 scale as appropriate. **Do not list courses with a grade of "C-" or lower.** Please list your credit hours (quarter or semester) exactly as they appear on your transcript. Consult the prerequisite course requirements and key definitions at www.belmont.edu/pharmacy/applying/pre_pharm_requirements.html as you complete the information below. Note that Belmont will convert the quarter hours on your behalf. The School of Pharmacy requires a minimum total of 64 semester hours of prerequisite coursework. If you have earned AP or IB credit for a course that fulfills a requirement, list the course according to the format below and write "AP or IB" in the grade column. If you are currently enrolled in the course, indicate "IP" for "in progress," or if you plan to take the course before entering the program, indicate "TBT" for "to be taken" in the grade column. Also indicate where and when the course will be taken.

<u>Requirement</u>	<u>Institution</u>	<u>Course Dept & Number</u>	<u>Term Taken (Include SEM or QTR)</u>	<u>Credit Hours</u>	<u>Grade</u>	<u>Office Use Only</u>
Example Requirement	<i>Belmont University</i>	<i>PSY 430</i>	<i>Fall 2008 SEM</i>	<i>4</i>	<i>A</i>	<input type="checkbox"/>
English Composition	_____	_____	_____	_____	_____	<input type="checkbox"/>
Literature	_____	_____	_____	_____	_____	<input type="checkbox"/>
Writing Emphasis	_____	_____	_____	_____	_____	<input type="checkbox"/>
Economics	_____	_____	_____	_____	_____	<input type="checkbox"/>
Public Speaking	_____	_____	_____	_____	_____	<input type="checkbox"/>
Social Science	_____	_____	_____	_____	_____	<input type="checkbox"/>
Social Science	_____	_____	_____	_____	_____	<input type="checkbox"/>
Social Science	_____	_____	_____	_____	_____	<input type="checkbox"/>
Elective	_____	_____	_____	_____	_____	<input type="checkbox"/>
Elective	_____	_____	_____	_____	_____	<input type="checkbox"/>

<u>Requirement</u>	<u>Institution</u>	<u>Course Dept & Number</u>	<u>Term Taken (Include SEM or QTR)</u>	<u>Credit Hours</u>	<u>Grade</u>	<u>Office Use Only</u>
Biology	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Biology Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
Biology	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Biology Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
General Physics	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Gen Physics Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
General Chemistry I	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Gen Chemistry I Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
General Chemistry II	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Gen Chemistry II Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
* General Chemistry III	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>* Gen Chemistry III Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
Organic Chemistry I	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Org Chemistry I Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
Organic Chemistry II	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>Org Chemistry II Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
* Organic Chemistry III	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
<i>* Org Chemistry III Lab (if separate)</i>	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
Calculus	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>
Statistics	_____	_____	_____	_____	_____	_____ <input type="checkbox"/>

* Only for quarter hour institutions with a 3 course sequence

Total Hours: _____ M/S GPA: _____

Office Use Only

Date: _____ Completed by: _____

Additional Comments: _____
