



## School of Pharmacy

300 Prince Philip Drive, Health Sciences Centre  
St. John's, NL, Canada A1B 3V6  
Tel: 709-777-8300 Fax: 709 777-7044  
[www.mun.ca/pharmacy](http://www.mun.ca/pharmacy)

# School of Pharmacy Application for Admission Instructions for Applicants

## **School of Pharmacy Application Form**

Individuals seeking admission to the School of Pharmacy for September 2010 must complete a School of Pharmacy Application for Admission form. Mail or drop off completed forms to the Registrar's Office, c/o Memorial University of Newfoundland, St. John's, NL A1C 5S7 or send by fax (709) 737 - 4893. **Applications must be received no later than MARCH 1, 2010.**

**Application Fee** of \$75.00 payable to the School of Pharmacy must be submitted with the School application. The fee is non-refundable/non-transferable.

## **Memorial University Application for Admission/Re-admission**

In addition to the School of Pharmacy Application, you must submit an Application for Admission/Re-Admission to the University if you:

- Have previously attended Memorial University of Newfoundland but have not attended for two consecutive semesters.
- Have attended a post-secondary institution within Newfoundland and Labrador other than MUN.  
*If either of the above applies, the application fee is \$40*
- Have attended a post-secondary institution outside Newfoundland and Labrador.
- Are a non-Canadian applicant, not currently attending MUN.  
*If either of the above applies, the application fee is \$80.*

## **Official/Unofficial Transcripts** (Please submit as per the deadlines set out below)

- Up-to-date official transcripts from each university and/or college attended in the past (other than Memorial University) must be forwarded directly to the Registrar's Office and to the School of Pharmacy.
- If you are currently registered at a university and/or college, please have your official transcript forwarded directly from that institution to the Registrar's Office.
- If you are a current MUN student, it is not necessary to submit a transcript as it will be printed from the system for you.
- Official transcripts bearing the university seal are required where noted. If the transcripts are not in English or French, a notarized translation into English is required.

### **Deadlines:**

March 1, 2010 (**official** transcript with final grades available to date and courses in which you are currently registered)

May 3, 2010 (**unofficial** transcript or grade report with final grades for winter semester courses)

June 1, 2010 (**final official** transcript including all final grades from the current year)

**Residency Information form** - must be completed as part of the School of Pharmacy Application for Admission (attached).

### **Notes:**

- Applications received after the deadline date of March 1, 2010, will not be processed.
- If you are shortlisted in the first round selection, you will be required to attend an on-site interview.
- Admission to the School of Pharmacy is conditional upon admission to the University. However, admission to the University does not guarantee admission to the School of Pharmacy.

If you have questions regarding admission to the School of Pharmacy, please refer to Admissions FAQ's under Admissions on our website at [www.mun.ca/pharmacy](http://www.mun.ca/pharmacy) or email [pharminfo@mun.ca](mailto:pharminfo@mun.ca) or call (709) 777-8300.

The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7) and is needed to a process your application, to verify your qualifications and determine your eligibility for admission; for administration of student records, scholarships, and awards; for provision of student and alumni services; and for university planning and research. Upon acceptance to the School of Pharmacy, this information will form part of your student record and will be used to document your progress in the program. Students' personal information may be disclosed to academic and administrative units, to federal and provincial agencies as legally required, to student governance associations. For details on the use and disclosure of students' personal information, please contact the Office of the Director, at (709) 777-8300."



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Received Office of Registrar
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Received School of Pharmacy
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**SCHOOL OF PHARMACY  
 APPLICATION FOR ADMISSION 2010**

<b>Office Use:</b>			
Application Fee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Residency Status:	<input type="checkbox"/> NL	<input type="checkbox"/> Out of Province	

**MUN Student Number:** \_\_\_\_\_ (if known)

**Email Address:** All correspondence from the School will be by email using your MUN email account. For those without a MUN email account, please provide an email address at which you can be reached.

**MUN Email Address:** \_\_\_\_\_ (Current MUN students *must* provide their address)

**Other Email Address:** \_\_\_\_\_ (Provide *only* if you **do not** have a MUN email account)

Full Legal Name		Mailing Address	
Surname		Apt. Number, Street, Box Number	
First Name and Middle Name(s)		City or Town	Province/State
Former Name(s) (if applicable)		Country	Postal/ZIP Code
<input type="checkbox"/> Male <input type="checkbox"/> Female		Telephone Numbers (      )	Date of Birth ____/____/____ Day/Month/Year

**Name and Address of Next of Kin**

Name		Relationship	
Apt. Number, Street, Box Number		City or Town	Province/State
Country		Postal/Zip Code	Telephone (      )

**Secondary School Record**

	Name of School	Address	Grades Attended	Dates Attended	
				From	To
1.					
2.					
3.					

**Post Secondary Education (University, College, etc.)** (Use additional paper if necessary)

	Name of Institution	Location	Dates Attended		Degree/Diploma Received
			From	To	
1.					
2.					

3.				
4.				

**Employment Record** (List all jobs starting with the most recent, including casual or temporary jobs. Use additional paper if necessary)

Dates	Type of Job	Employer

State the number of years of formal education you have completed where the language of instruction and examination was in English: \_\_\_\_\_ years.

TOEFL – If you have written or will write the TOEFL, (or other equivalent test) enter the score and last date the exam was written. Score: \_\_\_\_\_ Date: \_\_\_\_\_

Have you applied to MUN School of Pharmacy before? \_\_\_No \_\_\_Yes. If yes, when? \_\_\_\_\_

Have you ever had an admissions interview with MUN School of Pharmacy? \_\_\_No \_\_\_Yes. If yes, when? \_\_\_\_\_

Have you ever attended a MED Quest Program? \_\_\_No \_\_\_Yes. If yes, when? \_\_\_\_\_

Have you ever been required to withdraw from a University of College?  Yes  No

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

Please provide the following information for two individuals whom we may contact for references:

Name: _____	Name: _____
Relationship to you: _____	Relationship to you: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**Declaration:** I agree, if admitted to the School of Pharmacy at Memorial University of Newfoundland, to comply with the regulations of the University. I certify that the information furnished on this application is true and complete in all respects and that no relevant information has been withheld. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application are serious offences which may result in prosecution under the University’s Discipline Regulations and/or the Criminal Code of Canada. I also understand that other institutions may be notified if such misinformation is discovered.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

NOTE: A non-refundable non-transferable application fee of \$75.00 must accompany this application. Payment may be made by (i) cheque or money order, payable to the School of Pharmacy, Memorial University of Newfoundland. Payments from outside Canada or U.S. should be drawn on a Canadian or U.S. bank or (ii) either VISA or MASTERCARD. Please note that the card number, expiration date and signature of cardholder MUST be entered. Applications should be submitted as early as possible before **March 1, 2010**, to facilitate application processing. Incomplete applications will not be considered.

VISA       Master Card                  

EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Submit the fully completed application to: The Registrar’s Office, Memorial University of Newfoundland, St. John’s, NL, Canada A1C 5S7 Fax: (709) 737-4893



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**SCHOOL OF PHARMACY**  
**APPLICATION FOR ADMISSION**

## RESIDENCY INFORMATION

The information provided below will determine your residency status. You should complete this application carefully. Any or all of the information given on this application may be verified by the Admissions Committee.

(Indicate <input checked="" type="checkbox"/> ) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Surname:	Given Names:	
Indicate the Town/City, Province/State and Country of your present residence:		
Indicate the Town/City, Province/State and Country of your permanent residence. Same as above ( <input checked="" type="checkbox"/> ) <input type="checkbox"/>		
<b>(A) Indicate place and date of birth:</b>		
Place: _____	Date of Birth: _____	
Town/City	Province/State	
Country	(DD/MM/YY)	
<b>(B) Residency Status (Indicate <input checked="" type="checkbox"/>): You will be notified if our decision differs from yours.</b>		
<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Other Province in Canada: _____ (Name of Province)	
	<input type="checkbox"/> Non Canadian: _____ (Name of Country)	
<b>(C) Citizenship Status (Indicate <input checked="" type="checkbox"/>):</b>		
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Canadian Permanent Resident: _____ (Place Landed and Date (DD/MM/YY))	
<input type="checkbox"/> Canadian Student Visa	<input type="checkbox"/> No Legal Status in Canada: _____ (Country of Citizenship. If you hold dual citizenship, indicate both)	
<b>(D) Residency History:</b> Please list, in chronological order, all places of residence since birth, include any temporary residence due to University, Employment, Volunteer Work, etc. Please ensure you account for all months and years.		
LOCATION	DATE	REASON
e.g. _____ Corner Brook, NL, Canada	_____	_____
	Birth to Present	Permanent Home
e.g. _____ St. John's, NL, Canada	_____	_____
	September 2008- Present	University
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
If additional space is required, please use an additional sheet.		