
SCHOOL OF PHARMACY**TROJAN ADMISSION PREPHARMACY (TAP) PROGRAM****APPLICATION FOR THE FALL 2017****INSTRUCTIONS FOR APPLICANTS:**

1. New applicants to USC must complete "The Common Application" and the "USC Writing Supplement" in addition to the TAP Application. Please see USC's web site for deadlines: www.usc.edu/admission/undergraduate/firstyear/prospective/applynow.html or call the USC Office of Admission at (213) 740-1111.
2. New and continuing USC students need to submit the TAP Application, one recommendation (letter or form or combination of both), a resumé of activities and achievements (any format is acceptable in a font 10 or larger), and your response to the application issue questions.
3. All correspondence MUST have your USC ID number or social security number on each page for proper identification.
4. **The hard copy of the application must be submitted.** This is NOT an online application. You may print out the form and complete it manually, or you may fill it out online and then print and submit it.
5. **The TAP program application deadline is February 15, 2017.** Your application must be postmarked by this date.
6. Send all application items to:
TAP Program
USC School of Pharmacy
1985 Zonal Ave, PSC 206A
Los Angeles, CA 90089-9121

ADDITIONAL INFORMATION:

1. Your TAP Application is considered separately from your undergraduate admission application. However, **admission to USC is required** before you may be accepted to the TAP Program.
2. Freshman applicants will be mailed an admission decision regarding the TAP program after notification from the USC Office of Admission and before the May 1 deadline. Current USC students will be notified after their spring grades are posted, in June or early July.

For more information about the USC School of Pharmacy, please visit our web site: <https://pharmacyschool.usc.edu/programs/pharmd/pharmdprogram/admission>

TAP program information may also be found on our web site
at: <https://pharmacyschool.usc.edu/programs/pre/tap/>

TROJAN ADMISSION PREPHARMACY (TAP) PROGRAM**APPLICATION FOR THE FALL 2017****FALL 2017 REQUIRED APPLICATION ITEMS:****1. TAP APPLICATION****2. ONE RECOMMENDATION:**

- **One recommendation is required from a science instructor** regarding your past and future academic success and your potential as a pharmacist.

Your recommendation must be enclosed in a sealed, taped envelope with the signature of the writer across the back seal. The recommendation form or a separate letter or a letter attached to the recommendation form may be submitted.

Your recommendation may be included with your TAP Application or may be sent separately.

Please address the letter to the "TAP Admission Committee" and mail to:

TAP Program
Office of Admission and Student Affairs
USC School of Pharmacy
1985 Zonal Ave., PSC 206A
Los Angeles, CA 90089-9121

Please make sure that your letter writer includes your full name and USC ID number or social security number on each page. *A letter from a peer or someone related to you is not acceptable.*

- 3. RESUMÉ OF ACTIVITIES AND ACHIEVEMENTS:** On a separate sheet, please submit a resumé listing your activities and achievements (you may use any style or format in a font 10 or larger). Please include your positions and responsibilities, the average number of hours per month, and the dates of participation.
- 4. RESPONSE TO THE APPLICATION ISSUES:** Please respond to all three of the following issues in no more than two pages for all three issues. Your response may be single or double spaced with a 10 font or larger.
- 1) Please describe how you became interested and reached your decision to pursue a career in pharmacy.
 - 2) What have you learned about the pharmacy profession and/or the practice of pharmacy? Why does this appeal to you?
 - 3) What health-related experiences have you had, if any? These may be your personal experiences or those of a friend or relative.
- IF YOU ARE A RE-APPLICANT, PLEASE RESPOND TO THE FOLLOWING ONE ISSUE ONLY:**
- 4) What specifically (activities, additional educational studies, etc.) have you done to strengthen your application for this year?

SCHOOL OF PHARMACY**TROJAN ADMISSION PREPHARMACY (TAP) PROGRAM****APPLICATION FOR THE FALL 2017***Personal & Academic Information*

M/F: ____ USC ID (if available) _____ or SSN _____

Name: _____
Last First Middle

Street Address: _____ Apt. or Unit # _____

City and State: _____

Country (if outside the USA) _____ Postal Code: _____

Telephone Number: (____) _____ Cell Phone Number: (____) _____

E-mail Address: _____

Parent #1 or Spouse name: _____ Relationship: _____

Phone: (____) _____ Email address (if available) _____

Parent #2 or Other Relative name: _____ Relationship: _____

Phone: (____) _____ Email address (if available) _____

Name of school currently attending or last school attended: _____

City and State: _____

How did you find out about the TAP program? _____

Are you applying to other pre-pharmacy programs? ____ no ____ yes

If yes, to which schools? _____

Are you a current USC student? ____ no ____ yes If yes, are you a ____ freshman ____ sophomore ____ junior?

What is or will be your USC major and/or minor (if known)? _____

I certify that the information given on this application is complete and correct to the best of my knowledge. I have prepared the responses to the application issue questions on my own. I understand that in order to remain in the TAP program, I must fulfill all prepharmacy requirements in accordance with USC policy. Documents will become the property of USC and will not be returned to me nor duplicated for my purposes for any reason.

Signature: _____ Date: _____

Submit this application and supplementary materials to the TAP Program, Office of Admission and Student Affairs,
USC School of Pharmacy, 1985 Zonal Ave., PSC 206A, Los Angeles, CA 90089-9121.

The TAP program application deadline is February 15, 2017.



SCHOOL OF PHARMACY

Recommendation Request for Fall 2017

Trojan Admission Prepharmacy (TAP) Applicants

For the applicant to complete:

USC ID Number (if available) _____ --____--______ **OR** Social Security Number _____--____--_____

Applicant Name _____
Last First Middle

Address _____ City and State _____

Country (if outside the USA) _____ Postal Code _____

Phone _____ Email address _____

I waive the right to review this recommendation: Signature _____ Date _____

The TAP Application deadline date is February 15, 2017. The TAP Application must be postmarked by this date.

TO THE RECOMMENDER: Please complete and return this form to the applicant as soon as possible in a sealed and taped envelope which you have signed across the back. You may also mail it directly to the: TAP Program, Office of Admission & Student Affairs, USC School of Pharmacy, 1985 Zonal Avenue, PSC 206A, Los Angeles, CA 90089-9121.

Applicants to the Trojan Admission Prepharmacy (TAP) program are required to have the recommendation submitted by a person who is in a position to evaluate their qualifications as students and their potential as pharmacists. We request the writer makes a frank appraisal of the applicant's character, personality, abilities for admission to the TAP program. All comments and information provided will be kept confidential.

For the recommender to complete:

I have known the applicant for approximately ____ years/ ____ months. I am not a member of the applicant's family nor a peer.

I know her / him: very well fairly well casually

My relationship to the applicant is / was in the following capacity: Teacher Counselor/Advisor Employer

Family Friend/Acquaintance Other: _____

Please rate the applicant for each of the following characteristics. Please place an X under the rating column which best describes the applicant.

Characteristics Evaluated	Top 5% Exceptional	Top 10% Excellent	Top 25% Good	Average	Below Average	No Basis for Judgement
Academic ability						
Quality of work						
Written communication skills						
Oral communication skills						
Leadership skills						
Ethics						
Integrity						
Interpersonal relations						
Dependability						
Resourcefulness and originality						
Enthusiasm						
Appearance & demeanor						

(continued on next page)

1. What special assets does the applicant possess that you would like to share with us?

2. Does the applicant have any special achievements or accomplishments about which you would like to inform us?

3. Other comments:

Please attach a separate letter to expand on any information shown above as appropriate.

Recommendation concerning admission (check one):	<input type="checkbox"/> I highly recommend this applicant
	<input type="checkbox"/> I recommend this applicant
	<input type="checkbox"/> I recommend this applicant but with some reservation
	<input type="checkbox"/> I am unable to recommend this applicant

Signature of Recommender Date

Name – type or print Title / Position

Name of school or business If an instructor, please specify class taught to applicant

Street Address or PO Box

City State Postal Code

Telephone Number Email address

The School reserves the right to call you for clarification of any information you have provided.