



TROJAN ADMISSION PREPHARMACY (TAP) PROGRAM

APPLICATION FOR THE FALL 2018

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 Randa Issa, TAP Program, USC School of Pharmacy, Undergraduate Programs, 1540 Alcazar St. CHP 140-G, Los Angeles, CA 90089-9121.

The TAP program application deadline is February 15, 2018.

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, 2018. 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: **Randa Issa, TAP Program, USC School of Pharmacy, Undergraduate Programs, 1540 Alcazar St. CHP 140-G, 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.