

---

---

## TROJAN ADMISSION PREPHARMACY (TAP) PROGRAM

### APPLICATION FOR THE FALL 2018

#### INSTRUCTIONS FOR APPLICANTS:

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](http://www.usc.edu/admission/undergraduate/firstyear/prospective/applynow.html) or call the USC Office of Admission at (213) 740-1111.

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.

All correspondence MUST have your USC ID number or social security number on each page for proper identification.

**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.

**The TAP program application deadline is February 15, 2018.** Your application must be postmarked by this date.

Send all application items to:

5 D Q G D , V V D  
7 \$ 3 3 U R J U D P

USC School of Pharmacy

8 Q G H U J U D G X D W H

1 \$ O F D ] D U 6 W

Los Angeles, CA 90089-

3 U R J U D P

& + 3

#### 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 at: <https://pharmacyschool.usc.edu>

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 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.*