

Pharm.D. Early Assurance Program Application Essay

APPLICANT INSTRUCTIONS:

Please fully complete the information in this form and attach it to your chosen pharmacy topic. This essay should be at least 2 pages, double-spaced in either Arial, Calibri, or Times New Roman, 12 point font. It is due no later than **April 1st** of the application year.

Applicant First Name:	MI:	Last Name:

PHARMACY ESSAY INSTRUCTIONS:

Please select one topic from the list below and follow the instructions regarding length and font above. Please indicate at the top of the essay page which topic you selected.

- Why do you want to be a pharmacist?
- Why do you feel the PEAP is right for you?
- What do you think the future of pharmacy will look like?
- What do you think are the most important attributes a pharmacist should have?

Your signature below verifies your application essay is your own original work and if any additional information is used, you cited it properly.

Applicant's Signature:	Date:

Please return to the OUCOP Office of Student Affairs.

Email the form to: jennifer-richardson@ouhsc.edu with the subject line "OUCOP PEAP".

OR

Mail the form to:

University of Oklahoma College of Pharmacy
Office of Student Affairs
Attn: OUCOP PEAP
1110 N Stonewall Avenue
Oklahoma City, OK 73117