



# Pharm.D. Guaranteed Admission Program

## Pharmacy Experience Reflection Cover Sheet

### APPLICANT INSTRUCTIONS:

Please fully complete the information in this form and attach it to your reflection on your pharmacy experience you've gained up to this point. This reflection 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 Labor Day Monday of your application year. You may submit the reflection earlier than the deadline if you wish.

<b>Applicant First Name:</b>	<b>MI:</b>	<b>Last Name:</b>

### Are you applying for:

- ☐ High School PGAP
- ☐ Non-Science US Bachelor's Degree PGAP

### REFLECTIVE WRITING GUIDANCE:

#### What is reflective writing?

#### Reflective writing is:

- Your response to experiences, opinions, events, or new information
- Your response to thoughts and feelings
- A way of thinking to explore your learning
- An opportunity to gain self-knowledge and self-awareness
- A way to achieve clarity and better understanding of what you are learning
- A chance to develop and reinforce writing skills
- A way of making meaning out of what you learn

#### Reflective writing is NOT:

- Just conveying information, instruction, or argument
- Pure description, though there may be descriptive elements

- Straightforward decision or judgment (e.g. about whether something is right or wrong, good or bad)
- Simple problem-solving
- A standard essay

**Steps of Reflection:**

1. Content: What have I learned?
2. Process: How did I learn it?
3. Reasons: Why did I learn it?
4. Academic & Professional Development: How does this experience contribute to my academic and professional development?
5. Personal development: What does this experience mean to me personally?

Credit: <http://psolarz.weebly.com>

**Your signature below verifies your pharmacy experience reflection is your own original work and if any additional information is used, you cited it properly.**

<b>Applicant's Signature:</b>	<b>Date:</b>
-------------------------------	--------------

**Please return to the OUCOP Office of Student Affairs.**

**Email the form to: [jennifer-richardson@ouhsc.edu](mailto:jennifer-richardson@ouhsc.edu) with the subject line "OUCOP PGAP".**

**OR**

**Mail the form to:**

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