



TEXAS SOUTHERN UNIVERSITY
APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL
Graduate Program in Pharmaceutical Sciences

Social Security Number	Office Use Only	Check the term of Entry (one box only) Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sum I <input type="checkbox"/> Sum II <input type="checkbox"/>			
MO DAY					
Legal Name (Last) (First) (Middle)	Former name	Sex (optional)	Date of Birth – Mo Day Year		
Mailing address (Number and Street) (City) (State) (Zip)	Home Phone				
Permanent address (Number and Street) (City) (State) (Zip)	Business phone				
Place of birth (City) (State) (County)	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:			
Are you a legal resident of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you resided in Texas? From To	Country of citizenship	Type of visa if not US citizen		
Ethnicity (Optional) This information is used for statistical purposes.					
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Indian (American) <input type="checkbox"/> Japanese <input type="checkbox"/> Korea <input type="checkbox"/> Mexican American <input type="checkbox"/> Latino <input type="checkbox"/> Other Race (please print)		<input type="checkbox"/> Asian or Pacific Islander (AP) <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other AP (Print group)			
Name and address of parent or alternative contact					
Have you previously applied for Admission to graduate status at Texas Southern University? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Year	Department			
Have you ever enrolled for credit courses at Texas Southern University? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, From: To:	<input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	Student Number, if any		
List names of all colleges schools attended including Texas Southern University					
College or school name	Location		Dates	Degree and date received or expected	
	City	State			
Check box if you have taken or plan to take the following tests. Date			Score: _____		
<input type="checkbox"/> Graduate Record Examination <input type="checkbox"/> Test of English as a Foreign Language <input type="checkbox"/> Graduate Management Admissions Tests					

State specified area in which you wish o study: <div style="text-align: center;"> Doctor of Philosophy <input type="checkbox"/> Pharmacology <input type="checkbox"/> Pharmaceutics </div>
Failure to submit complete and accurate information may result in denial of this application and/or dismissal from the university.
Date _____ Signature _____

**TEXAS SOUTHERN UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
Graduate Program in Pharmaceutical Sciences**

APPLICATION CHECK LIST

- Transcript (Two copies)
**For each collegiate institution attended
HAND-DELIVERED TRANSCRIPTS ARE NOT ACCEPTED**
- Completed Application
Please complete all items on the application
- Application Fee (CASHIER'S CHECK OR MONEY ORDER ONLY)
Please mail or submit with your application
- Test Score(s): GRE and/or TOEFL
 _____ GRE- Graduate Record Examination
 _____ TOEFL- Test of English as a Foreign Language*
***Required for all applicants whose native language is not English**
- Letters of Recommendation
- Statement of Purpose
- Transcript Evaluation (**Required for foreign transcripts**)
- Affidavit of Support (**Required for International Students - F-1 applicants**)
- Application for I-20 (**Required for International Students – F-1 applicants**)
- Letter of Good Standing – **WITH REGISTRAR'S SEAL**
(Required for Transient Students)

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Admission Procedures

In addition to the general requirements for admissions to the graduate school, each applicant will be requested to submit the following:

- The department application supplement, which will include student information sheet and an educational summary.
- A \$50.00, non-refundable application fee payable by cashier's check or money order to Texas Southern University.
- For international student, an additional \$75.00 handling and processing fee should also be included.
- Two (2) copies of ALL College transcripts, undergraduate and post-baccalaureate.
- A Typewritten "Statement of Purpose" stating career goals, career interest, and reasons for seeking the Ph.D. degree.
- Three (3) letters of recommendation, (former faculty or academic advisors, employer, etc.).
- Scores on the Graduate Record Examination General Test (GRE) must be submitted by all applicants (including international applicants).
- Scores on the Test of English as a Foreign Language (TOEFL) test, if applicable.
- In addition, applicants will likely be required to appear before the Pharmaceutical Sciences Admissions Committee for a personal interview prior to admission.

The Admissions and Academic Standards Committee will not consider any application until all documentations (i.e., credentials, fees, and test scores) are received by the Program Office in the College of Pharmacy and Health Sciences.

Application Deadline:

Doctor of Philosophy Program Applicants	
Application for:	Deadline
Fall Semester	April 1
Spring Semester	November 1
Summer Semester	March 1
International Applications (Fall Admissions Only)	April 1

Please forward all information to:

**Texas Southern University
College of Pharmacy and Health Sciences
Graduate Program in Pharmaceutical Sciences
3100 Cleburne Street
Houston, Texas 77004**

**For additional information contact:
Dr. Dong Liang, Program Director
(713) 313 -1885
Liang_DX@tsu.edu**

TEXAS SOUTHERN UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
Graduate Program in Pharmaceutical Sciences

STATEMENT OF PURPOSE

Give a brief statement outlining your reasons for undertaking this graduate program, your particular area of interest within the major field, past academic work and experiences, and your plans for future career. You may include the reasons that you find most appealing about pursuing graduate studies at TSU. Also, include any additional information that may assist the admissions committee in evaluating your preparation and aptitude for graduate study at TSU. Do not underestimate the importance of this statement. It is your opportunity to inform the faculty reviewers of your qualifications, motivation, and potential to contribute to the field of pharmaceutical sciences.

Signature

Date

**TEXAS SOUTHERN UNIVERSITY
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Graduate Program in Pharmaceutical Sciences**

WORK EXPERIENCE

Start with most recent experience

Name of Employer	Address	Position and Title	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Service in Armed Forces:

Branch	Dates	Rank Attained
_____	_____	_____

Discharge Status

List Membership in Organizations

- a. **Professional** _____
- b. **Social** _____
- c. **Civic** _____
- d. **Other** _____

Honors, Awards, Prizes and Distinctions

List Professional Publications

**TEXAS SOUTHERN UNIVERSITY
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RECORD OF EDUCATION

High School Attended

Date of Graduation _____ **School** _____
Name Location

College or University	Dates	Degree, Certificate or Credits Received	Major Field of Study
	From To		

Grade Point Average – Bachelor’s Degree _____ **Grade Point Average – Master’s Degree** _____

Bachelor’s Degree Major(s) _____ **Minor (s)** _____

Master’s Degree Major(s) _____ **Minor (s)** _____

Title of Master’s Thesis, if any: _____

Undergraduate college courses that are related to your present professional objective (do not list all courses on your transcript, just those that you feel are related to your Master of Science Degree.

Institution	Course Title	Semester Hours	Grade	Date/Semester Taken

Academic Certificates Earned

Type of Certificate	Place and Date Granted
_____	_____
_____	_____
_____	_____

**TEXAS SOUTHERN UNIVERSITY
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Graduate Program in Pharmaceutical Sciences**

RECOMMENDATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant's Name (Print or Type) _____

Last

First

M.I.

Waiver Option

I hereby waive my right, granted under the privacy Act of 1974, to examine this reference and understand that its contents will not be shared with me.

Applicant's Name

Date

THIS SECTION TO BE COMPLETED BY PERSON GIVING REFERENCE

Name of Reference (Print or Type) _____

Last

First

M.I.

Position or Job Title

Street Address, City, State and Zip Code

Reference's Signature

Date

How long have you known the applicant? _____

In what capacity? _____

Indicate your level of enthusiasm for admission of this applicant to the Master of Science and/or Doctor of Philosophy in Pharmaceutical Sciences degree program (please check one)

- Recommend without reservation
- Strongly recommend
- Recommend with reservation
- Do not recommend

On separate sheet, please provide information about the applicant's academic potential, ability, strengths, and limitations.

Please send completed form to:

**Graduate Program in Pharmaceutical Sciences
Texas Southern University
College of Pharmacy and Health Sciences
3100 Cleburne Street
Houston, Texas 77004**

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