

UCI Pharmaceutical Sciences

Post-Baccalaureate Program in Pharmaceutical Sciences Application

SECTION 1: General Information

[CLICK HERE](#) to complete section 1 online.

SECTION 2: Personal Statement

On a separate word document, please write a personal statement that addresses the following:

Why you are interested in this program.

How this program will help you achieve your career goals.

Any previous experience in pharmacy, health care, or the pharmaceutical industry.

Two page limit, double spaced.

SECTION 3: Diversity Fellowship (Optional)

A limited number of partial fellowships may be available to students who meet the UC definition of diversity, which includes individuals who are underrepresented in higher education with respect to race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, socioeconomic status, and geographic region.

[CLICK HERE](#) for more information on the UC definition of diversity. If you would like to be considered for one of these fellowships, please write a brief diversity statement in a separate document in which you indicate why you believe you would be a good candidate for this fellowship.

In this statement, you may wish to comment on any specific circumstances about your background (e.g., special achievements, obstacles, and/or interruptions to your schooling that you overcame to complete your education to date), and you may wish to include how these experiences, your research interests, and/or your career objectives contribute to the University's goal of diversity.

One page limit, double spaced.

SECTION 4: Letters of Recommendation

Please arrange for **two** (current or former) professors, post-doctoral scholars, graduate students, employers, supervisors, managers, and/or program directors who know you well (in an academic, volunteer, and/or employment setting) to write you letters of recommendation. **At least one letter writer must be able to comment on your academic abilities.** Letters of recommendation from family and friends are not accepted.

Please instruct your letter writers to email their letter to: pharmsci-grad@uci.edu

SECTION 5: Resume or CV

Please mail a resume or CV showing all previous work experience (volunteer or paid) to pharmsci-grad@uci.edu

SECTION 6: Transcript(s)

Please arrange for official transcripts to be mailed to the following address:

University of California, Irvine
Department of Pharmaceutical Sciences
209 Steinhaus Hall, Building 502
Irvine, CA 92697-3958
Attn: Post-Baccalaureate Admissions Coordinator

SECTION 7: Acknowledgement

I, _____, (First and last name) acknowledge the information disclosed in this application is true and correct to the best of my knowledge.

I agree and authorize the UCI Department of Pharmaceutical Sciences Post-Baccalaureate Program in Pharmaceutical Sciences to verify the information submitted in support of my application for candidacy.

I understand my application is subject to disqualification/dismissal with any falsified statements.

I understand I am not entitled to refunds should my application eligibility or acceptance be revoked due to record falsification or concealment of significant facts.

I further certify that if admitted as a student to the UCI Post-Baccalaureate Program in Pharmaceutical Sciences I must abide by all rules and regulations set forth by the post-baccalaureate program and the University of California, Irvine.

All materials submitted will become the property of the UCI Department of Pharmaceutical Sciences. Applications and supplemental materials will not be returned to the applicant.

Signature of Applicant: _____

Date: _____

SECTION 8: Fee Payment

A \$75 non-refundable application fee must be submitted with your application. This may be paid by credit card or by check.

Payment Option #1: Credit Card

If paying by credit card, please complete the information below. You may fax your payment form to (949) 824-2090 or mail the form to the following address:

Student Services Office
UCI Division of Continuing Education
PO Box 6050
Irvine, CA 92616-6050

Name of applicant:			
Birthdate of applicant: (MM/DD/YYYY)			
Address of applicant:			
Email address of applicant:			
Name on credit card:			
Billing address:			
Card number:		Expiration date (MM/YY)	
Type of card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express		
Authorizing Signature:			

Payment Option #2: Check

If paying by check, write the check out to “**UC Regents**” and write “**Post-Bac Program in PharmSci**” in the Memo. Please mail your check to the following address:

Student Services Office
UCI Division of Continuing Education
PO Box 6050
Irvine, CA 92616-6050

SECTION 9: Submitting your Application

Please make sure you filled out Section 1 via the **online form**:

- Section 1:** General Information

Please **email** the following components to pharmsci-grad@uci.edu in one email:

- Section 2:** Personal statement (2 page limit, double spaced)
- Section 3:** Diversity statement if applicable (one page limit, double spaced)
- Section 5:** Resume or CV

Please arrange for your letter writers to **email** their letters to pharmsci-grad@uci.edu:

- Section 4:** Two letters of recommendation (at least one letter writer must be able to comment on your academic abilities)

Please make sure the following components are **mailed** to the Post-Baccalaureate Admissions Coordinator:

- Section 6:** Official transcripts
- Section 7:** Signed acknowledgement

Please make sure the following component is **mailed** to the UCI Division of Continuing Education office:

- Section 8:** Fee payment (credit card form may be mailed or faxed)

Mail the above component to:

Student Services Office
UCI Division of Continuing Education
PO Box 6050
Irvine, CA 92616-6050

Questions?

If you have any questions about the application process, please contact:

pharmsci-grad@uci.edu
949.824.1991