



**Honors Program for Doctor of Pharmacy Program
School of Pharmacy-Boston
MCPHS University**

Application Instructions

Eligibility criteria

A student who is interested in applying for admission to the Honors Program must:

- Be a third year pharmacy student (P1, first professional year) in the PharmD program.
- Have a minimum professional GPA of 3.5 on a 4.0 scale by the end of the spring semester of the third year.

Application Process

A complete application requires all of the following:

- Completed application form
- Essay
- Curriculum Vitae
- Unofficial transcripts
- Two letters of reference

All application materials **must be submitted before 4:00PM on Friday, January 29, 2016.**

All applicants who meet the eligibility criteria will be invited and must complete an interview with the Honors Program Committee during the spring semester.

Application form

Please fill out the application form electronically with all relevant information. When you have finished, print out the form and then sign it. The form must be signed by you in pen. All other fields should be filled out electronically.

Essay

Your essay should explain the reasons why you are applying for the honors program and how you expect the program will contribute to your professional goals after graduation. Your essay must fit in the supplied electronic template. You may type the essay directly into the template or use a word processing program to compose the essay and copy and paste the final text into the template. When you have filled in the template, print out your essay for submission.

Curriculum Vitae

Your curriculum vitae must be no longer than 4 pages when printed on letter sized paper. You may print on both sides of a sheet to reduce the number of paper sheets that you submit.

Unofficial transcripts

Unofficial transcripts of your course work at MCPHS may be requested from the Registrar's office. If you are a transfer student (i.e. you did not enter MCPHS as a freshman) you need to also submit unofficial transcripts from the institutions at which you spent the preceding years of your undergraduate studies.

**All the above printed materials must be submitted together by the deadline
to the School of Pharmacy Dean's Office, W318.**

Letters of reference

These are the only materials that are to be submitted electronically. **You must request the individuals providing your letters of reference to email the letters to Dr. Alissa Segal, Chair of the Honors Program Committee at alissa.segal@mcphs.edu with the words “Honors Program Recommendation” in the subject line.** These letters must be received before the deadline.

Please direct any questions about the application process or any of the application materials via email to alissa.segal@mcphs.edu

2015 – 2016 Honors Program Committee

Drs. Alissa Segal (Program Director), Maria Kostka-Rokosz, William McCloskey, Tim Hudd, Richard Silvia, Lisa Padgett, Nisanne Ghonem, Stephen Kerr, and Hongwei Zhang, with student representative, Mallory Mouradjian (Class of 2017)



MCPHS University SOP-Boston Doctor of Pharmacy Honors Program Application

General Information

Name (Last, first, middle) _____

MCPHS Student ID# _____

Academic Record

MCPHS Professional GPA: _____

Entered MCPHS as

☐

Freshman

☐

Transfer

Transfer students please complete the following:

College

Dates attended

Major and GPA

| College | Dates attended | Major and GPA |
|---------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

References

Reference 1

Name _____

Relationship _____

E-mail address _____

Phone _____

Reference 2

Name _____

Relationship _____

E-mail address _____

Phone _____

Declaration

The above and all other supporting information submitted in my application is true to the best of my knowledge. The content of the essay is my own work and I am aware that any misrepresentation will disqualify me from consideration for acceptance into the Honors Program. I give permission to the Honors Program Committee or its appointed representative to verify any of the information represented in my application.

Signature _____

Date _____



MCPHS
UNIVERSITY

MCPHS University SOP-B
Doctor of Pharmacy Honors Program Application Essay

Name (Last, first, middle) _____