



WAYNE STATE
 Eugene Applebaum
 College of Pharmacy
 and Health Sciences

Application

for Eugene Applebaum College of Pharmacy
 and Health Sciences Admission
 Forensic Investigation Program Application

*If you are not a current WSU
 student please complete the
 correct University
 application at:
www.admissions.wayne.edu*

Eugene Applebaum
 College of Pharmacy and
 Health Sciences Office of
 Student and Alumni Affairs
 259 Mack
 Detroit, MI 48201

Name: <i>Last</i> _____ <i>Middle</i> _____ <i>First</i> _____			Former Name (if applicable)		
WSU Student ID Number (if applicable)		Birth date Month _____ Date _____ Year _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent Address _____			City _____ State _____		Zip _____
Phone Number Home () _____ Work () _____		E-Mail Address: _____			
Ethnicity (this section is voluntary) Please identify your ethnic background by checking the appropriate category. This information it is used to fulfill reporting obligations of the Eugene Applebaum College of Pharmacy and Health Sciences. <input type="checkbox"/> American Indian, Eskimo, or Aleut <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> White (non-Hispanic) Other (please specify): _____					
Country of Citizenship		State of legal residence	County within the state		How long have you lived there?
Non-U.S. citizen only <input type="checkbox"/> I have an immigrant visa. Date issued: _____ A# _____ <input type="checkbox"/> I currently have a _____ visa. Which tests have you taken? <input type="checkbox"/> TOEFL date: _____ <input type="checkbox"/> TWE date: _____ <input type="checkbox"/> MELAB date: _____ What is your country of birth? _____					

Name: _____

Higher Education Record: It is necessary to list ALL schools, colleges, universities and specialized institutions attended after high school. (International students-In cases where a major affiliate institution confers degree, credit or diploma also give that institution's name). Include Wayne State University attendance if applicable.

Please read carefully the signature statement at the bottom of this page.

Name of Institution/University (City, State/Country)	Type of degree, Diploma or Certificate	Dates of Attendance	Major	Date Degree Awarded/Expected (Month/Year)	Grade Point Average

Have you ever applied for graduate, professional or undergraduate admissions to Wayne State? _____ When? _____
 What program(s)? _____

Have you ever registered for credit courses (including off-campus) at Wayne State? Yes No
 Wayne State ID # _____

Date of late attendance at Wayne State _____ At other institution _____

Academic Exclusion: Have you been excluded from any college or professional school, or denied readmission because of deficiencies in either conduct or academic achievement? Yes No

Legal Issue: Have you ever been convicted of a felony? Yes No

I understand that withholding information requested on the application or giving false information will make me ineligible for admission or subject to immediate dismissal. I also understand that the submission of fraudulent academic records by a student for undergraduate, graduate, transfer credit or any other purpose shall be cause for dismissal from Wayne State University. I certify that the information given in this application is complete and accurate, and if admitted, I agree to comply with the regulations of the university. By submitting this application, you declare that you have read the above and agree with it and understand that hitting the submit button is equivalent to your signature.

Full Name	Date
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Name: _____

PERSONAL/PROFESSIONAL STATEMENT

Statement of Certification

I certify that to the best of my knowledge all statements in this application are correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission to the professional program or subject to dismissal.

Name: Last, Middle, First

Date