Department of Pharmaceutical Sciences PharmD/PhD Program

APPLICATION

Name:

Student ID:

WSU E-Mail Address:

Current status in the PharmD program:

___ P1 ___ P2 ___ P3 ___ P4

Current GPA in the PharmD Program:

Are you a participant in the Research Scholars Track? ____ Yes ____ No

Desired area of concentration for PhD:

____ Medicinal Chemistry

____ Pharmacology/Toxicology

____ Pharmaceutics

____ Unknown

Please list potential Faculty members that you are interested in having mentor you in the PharmD/PhD program.

Attachments

Please append a copy of your current transcript to the application.

If you are a participant in the Research Scholars Track, please submit of letter of reference from your research mentor. If you do not participant in the Research Scholars Track, please submit a letter of reference from a Faculty member.

Please attach a personal statement of purpose discussing the reasons for your interest in the Pharm/PhD program.

Please submit this application and requested documents, either as a paper copy or electronically, to Dr. Steven Firestine (Room 3134 Applebaum, sfirestine@wayne.edu) by the last day of the Fall semester.