



**CAMPBELL**  
UNIVERSITY  
SCHOOL OF PHARMACY

Pharmacy Readiness &  
Enrichment Program (PREP)  
*Application for Summer Capstone*

Today's Date \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_  
(First) (Last)

Date of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_

Current mailing address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent mailing address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone No (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone No (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Gender  Female  Male

Ethnic background  American Indian/Native American  Asian  Black/African American  
 Caucasian/White  Hispanic/Latino  Other (please specify) \_\_\_\_\_

Please Attach Recent  
Headshot Photo

**Post Secondary Education**

Current Status:  Sophomore  Junior  Senior  Other (please specify) \_\_\_\_\_

*Undergraduate Institution(s)*

Present Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hrs Completed \_\_\_\_\_

Previous Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hrs Completed \_\_\_\_\_

Other Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hrs Completed \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Cumulative undergraduate GPA \_\_\_\_\_

*Graduate Institution(s)*

Present Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hrs Completed \_\_\_\_\_

Previous Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hrs Completed \_\_\_\_\_

Cumulative graduate GPA \_\_\_\_\_

**Career Goals**

Professional interest (PharmD, PhD, MD, MSPS, MSCR, Other-please specify) \_\_\_\_\_

Please list any areas in the field of healthcare in which you want more exposure \_\_\_\_\_

Have you applied to Campbell University School of Pharmacy?  Yes  No \_\_\_\_\_  
(Degree Program) (Results on acceptance)

Have you applied to any other health professional or graduate schools?  Yes  No \_\_\_\_\_

\_\_\_\_\_  
(College or School) (Degree Program) (Results on acceptance)

\_\_\_\_\_  
(College or School) (Degree Program) (Results on acceptance)

**Test Scores**

PCAT Percentile: Date of last test/date of upcoming test \_\_\_\_\_

Verbal Ability \_\_\_\_\_ Biology \_\_\_\_\_ Reading Comp \_\_\_\_\_ Quantitative Ability \_\_\_\_\_ Chemistry \_\_\_\_\_ Composite \_\_\_\_\_





## Evaluation Form

Student Name \_\_\_\_\_  
(First) (Last)

**To the Evaluator:**

The above student wishes you to complete this form of evaluation on behalf of his/her application for admission to the Pharmacy Readiness & Enrichment Program (PREP) Summer Capstone at Campbell University School of Pharmacy. Upon completion, please feel free to meet with the student and discuss the evaluation. Please return this completed form or a letter of reference to the applicant. If you have any questions or concerns, please e-mail [Prep@campbell.edu](mailto:Prep@campbell.edu). For further information on PREP, please visit our website at <http://campbellpharmacy.net/admissions/prep.html>

Evaluator \_\_\_\_\_ Position \_\_\_\_\_

Evaluator College/University \_\_\_\_\_  
(Name) (City) (State) (Zip)

Phone No (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

How long have you known the above named student? \_\_\_\_\_

In what capacity do you know the student? \_\_\_\_\_

Please rate the student in all categories. Place an (X) in the field that best describes the above named student's characteristics:

Characteristic	Superior 5	Excellent 4	Good 3	Average 2	Below Average 1	No basis for judgment
Curiosity						
Desire to learn						
Leadership skills						
Interpersonal skills						
Motivation						
Responsibility						
Ability to adapt to new situations						
Ability to handle stressful situations						
Analytical problem solving						
How do you rate this student as a scholar?						

Please use the space provided to add any additional information. You may also include a letter of recommendation that provides information you feel would be helpful in assessing the student's acceptance into the PREP Summer Capstone.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date



Campbell University is committed to administering all educational and employment activities without discrimination as to race, color, sex, age, national origin, or disability status. This policy of nondiscrimination is applied to the recruitment, hiring, assignment, retention, and discharge of employees.

Campbell University  
School of Pharmacy  
PO Box 1090  
Buies Creek, NC 27506

Place  
Postage  
Here

**PREP Summer Capstone**  
Campbell University School of Pharmacy  
Post Office Box 1090  
Buies Creek, North Carolina 27506