

RETURN TO: Office of Admissions
Albany College of Pharmacy
106 New Scotland Avenue
Albany, NY 12208-3492
Toll-free (888) 203-8010 Fax (518) 694-7322

IMPORTANT DEADLINES

OCTOBER 1	Registration with College Scholarship Service (CSS) for Profile Application CSS Profile Code 2013 (<i>Early Decision applicants only</i>)
NOVEMBER 1	Early Decision Application Deadline
NOVEMBER 15	CSS Profile Application Deadline (<i>Early Decision applicants only</i>)
DECEMBER 15	Early Decision Notification
FEBRUARY 1	Regular Admission Priority Deadline Free Application for Federal Student Aid (FAFSA) Deadline (<i>all students</i>) Deposit and Enrollment Confirmation Deadline (<i>Early Decision applicants only</i>)
MARCH 15	Regular Admission Notification
MAY 1	Deposit and Enrollment Confirmation
AUGUST 1	Wait List Response Date

INSTRUCTIONS

All applicants are required to use the most current application for admission or the electronic application for admission found on the College's Web site at www.acp.edu.

Once a student is notified of acceptance, a *non-refundable deposit of \$400* along with the signed Enrollment Confirmation form will be required to reserve a place in the class as long as space remains available. In the event that enrollment exceeds capacity, ACP reserves the right to return the admission deposit based on the date received. Accepted freshman applicants must complete their senior year of high school successfully and submit a final transcript and all required preregistration forms to the Office of Admissions prior to enrollment. Failure to submit a final transcript and all required forms may result in withdrawal of a student's acceptance. The College reserves the right to use a wait list for qualified students.

Applicants are required to select a program when completing an application for admission. The change of program policy for switching programs can be found in the College Catalog.

Applicants who have studied for fewer than 10 years where English is the language of instruction are required to submit scores from the Test of English as a Foreign Language (TOEFL) or the Test of Spoken English (TSE). A minimum score on the TOEFL of 600 paper-based, 250 computer-based or 100 Internet-based or a minimum of 50 on the TSE must be achieved to be considered for admission.

Early Decision

The Office of Admissions encourages qualified candidates who have selected ACP as their first choice to apply under the Early Decision program. Early Decision is a binding agreement and those offered admission would be expected to submit an enrollment confirmation and non-refundable tuition deposit by February 1.

Early Decision candidates seeking consideration for financial aid must submit the Profile Application, available from the College Scholarship Service (CSS). To receive the application, students must register with and submit a fee to CSS at least four weeks before the November 15 filing deadline. Completed application materials must be returned to CSS for processing by November 15. Students seeking federal financial aid also must file the Free Application for Federal Student Aid (FAFSA). Completed applications should be filed by February 1.

Regular Decision

To ensure full consideration and a place in the incoming class, we highly recommend that the completed application be submitted by the priority deadline of February 1. We will continue to process and accept applications after the priority deadline as long as space remains available.

Early Admission

Applicants who complete all freshman admission requirements at the end of the third year of high school will be considered on the same basis as four-year graduates.

Deferred Admission

The Deferred Admission program allows accepted applicants to request a delay of their enrollment at the College for one academic year. Students must send a written request to the Office of Admissions. The Office of Admissions reserves the right to deny requests for Deferred Admission. Students granted Deferred Admission are required to pay a *non-refundable deposit of \$400* along with the signed Enrollment Confirmation form to reserve their place in the class of the following year.

FRESHMEN

The following materials must be sent to the Office of Admissions:

- Application
- \$75 non-refundable fee (made payable to Albany College of Pharmacy)
- Official high school transcript
- Two (2) letters of recommendation (one from your guidance counselor and one from a mathematics or science teacher)
- Scores from the Scholastic Aptitude Test (SAT) or American College Testing Program Examination (ACT) (which also must include the writing section)

The SAT code for the College is 2013. The ACT code is 2672.

Applicants must be at least 16 years old and must present evidence of graduation from an approved or accredited secondary school.

Note: A person who has been convicted of a misdemeanor or felony related to drug use or sale may not be eligible for the pharmacy licensing examination. To determine eligibility, contact the New York State Board of Pharmacy, Cultural Education Center, Room 3035, Albany, NY 12230 or online at www.op.nysed.gov/pharm.htm.

TRANSFER STUDENTS

Transfer entry into the Doctor of Pharmacy degree program for 2008 will be available into the third year of the six-year program or into the Accelerated option. The Accelerated option is a year-round program offering students the opportunity to complete the four professional years of the Pharm.D. degree in three years. **Applicants applying to the third year of the six-year program or into the Accelerated option are required to apply through the Pharmacy College Application Service (PharmCAS) at www.PharmCAS.org.**

The following materials must be sent to the Office of Admissions if not applying through PharmCAS:

- Application
- \$75 non-refundable fee (made payable to Albany College of Pharmacy)
- Official transcript from high school and each college attended
- One (1) letter of recommendation

Pending approval of the application, an interview may be required for admission.

CYTOTECHNOLOGY CERTIFICATE PROGRAM

The primary objective of ACP's Cytotechnology Certificate Program is to prepare candidates for the American Society of Clinical Pathology (ASCP) Certification Exam in Cytotechnology. A student's undergraduate and postgraduate training determines eligibility for examination. Applicants and matriculated students must demonstrate the ability to perform (or learn to perform) essential skills according to the technical standards listed in the College Catalog.

The following materials must be sent to the Office of Admissions:

- Application
- \$75 non-refundable fee (made payable to Albany College of Pharmacy)
- Official transcripts from each college attended
- Two (2) letters of reference from teachers/supervisors that specifically address the applicant's potential in relation to our program (copies not acceptable)

Pending approval of the application, an interview will be required for admission.

INTERNATIONAL STUDENTS

International students must also supply:

- Scores from the Test of English as a Foreign Language (TOEFL) or the Test of Spoken English (TSE)
- Completed Foreign Education Credentials Evaluation form from the World Education Service

Pending approval of the application, a letter of acceptance and a Declaration and Certification of Finances form will be sent. The applicant must return this form promptly to the College with a *non-refundable tuition deposit and a \$100 International Student fee*. International students coming from outside the United States are required to pay a \$100 SEVIS fee directly to the government at www.fmjfee.com/index.jhtml. Payment of tuition, International Student fee, and receipt of the financial statement by the College will allow the College to forward to the applicant the Certificate of Eligibility form I-20A. Form I-20A is required for a visa. International applicants are not eligible for need-based federal and state financial aid.

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PERSONAL INFORMATION

Please type or print

Social Security Number _____ Date of Birth _____

Name _____
Last First MI Birth Name

Mailing Address _____
Number and Street

City _____ State/Province _____ ZIP/Postal Code _____

Country _____ County _____
New York State residents only

Telephone Number _____ E-mail Address _____

Permanent Address (if different from above) _____

City _____ State/Province _____ ZIP/Postal Code _____

If your previous educational records are in another name, please indicate below.

Name _____
Last First MI

CITIZENSHIP

This section must be filled out completely – please do not skip any questions

Check one box: [] I am a U.S. Citizen [] I am a Permanent Resident of U.S. [] I am NOT a U.S. Citizen

[] I am in the U.S. on a visa Visa type: _____ (Please submit a copy of your visa.)

Country of Citizenship _____ Country of Birth _____

How many years have you lived in the U.S.? _____ What is your native language? _____

How many years have you studied where English was the language of instruction? _____

(If you have studied where English was the language of instruction for fewer than 10 years, the Test of English as a Foreign Language [TOEFL] or the Test of Spoken English [TSE] are required. A minimum score on the TOEFL of 600 paper-based or 250 computer-based or 100 internet-based; or a minimum of 50 on the TSE must be achieved to be considered for admission.)

List date on which you have taken or plan to take the TOEFL or TSE examination _____

Please indicate the name and address of the parent or guardian with whom you legally reside and to whom official College correspondence should be sent.

Parent Guardian Name _____

Address _____

If you have any brothers or sisters, list their names, ages and colleges (if any) they attended or are attending.

If any of your relatives have attended Albany College of Pharmacy, list their names, relationship to you and date(s) of graduation (if applicable).

SUPPLEMENTAL INFORMATION

It is the policy of Albany College of Pharmacy that all persons be provided equal opportunities regardless of race, color, sex, sexual preference, age, religion, creed, national origin, marital status, Veteran status, disabled Veteran status or disability. There will be no discrimination against any student or applicant for admission. We ask you to voluntarily provide the following information to aid the College in evaluating whether it is achieving its goal of attracting applicants from diverse backgrounds. The information will be used solely for statistical compilation and reporting. The information will not be used in the admission process, and either the information or your election not to provide the information will not subject you to any adverse treatment.

Ethnicity White, not of Hispanic Origin Hispanic American Indian or Alaskan Native
 Black, not of Hispanic Origin Asian or Pacific Islander

Gender Male Female

Veteran Yes No

To what other colleges have you applied?

Have you ever been placed on probation or dismissed for academic or disciplinary reasons by a college or university?

Yes No

If yes, please use the space below to comment.

ACADEMIC INFORMATION

List in chronological order each high school, preparatory school and/or all post secondary institutions attended.

School	Location (City/State)	Attended from	to

High School Seniors Only

Activities	Grades/Years Participated				Plan to Continue	Honors, Achievements or Offices Held
	9	10	11	12		
Student Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary
Varsity Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Team Captain
National Honor Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Current High School Counselor _____

High School Chemistry Teacher(s) _____

SAT/ACT taken on/plan to take on _____ Score (if taken) _____

If you are applying as a freshman, please indicate any college credits you have received or expect to receive before you graduate from high school.

- | | | |
|--|---|---|
| <input type="checkbox"/> Advanced Placement (AP) | <input type="checkbox"/> College course | <input type="checkbox"/> International Baccalaureate (IB) |
| <input type="checkbox"/> CLEP | <input type="checkbox"/> College course taught in high school | <input type="checkbox"/> Other _____ |

List the courses in which you currently are enrolled.

_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL STATEMENTS

Please submit a typed personal statement explaining in detail your interest in the major you wish to pursue at Albany College of Pharmacy. Include specific reasons why you have selected a particular program and your career goals, in addition to any accomplishments you believe will enhance your future academic success.

If you have not been enrolled in school for more than a semester, the Admissions Committee requires a written statement outlining your activities.

Certificate Program Applicants only: Please provide a summary of your employment history for the past five years including titles, nature of work, employer, dates of employment and the number of hours worked per week.

LEARNING ABOUT ALBANY COLLEGE OF PHARMACY

How did you become interested in Albany College of Pharmacy? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Admissions Representative | <input type="checkbox"/> Counselor/Teacher | <input type="checkbox"/> Alumnus |
| <input type="checkbox"/> Current Student | <input type="checkbox"/> College Night/Fair | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Friend | <input type="checkbox"/> College Advisor/Faculty | <input type="checkbox"/> Admissions Brochure |
| <input type="checkbox"/> College Guide (list) | <input type="checkbox"/> Professional Association (list) | <input type="checkbox"/> World Wide Web |
| _____ | _____ | _____ |

Have you ever visited the College? Yes No If yes, please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Admissions Interview/Tour | <input type="checkbox"/> Visitation Program | <input type="checkbox"/> To Visit a Friend |
| <input type="checkbox"/> Other (list) _____ | _____ | _____ |

Are you a Ventures Scholar? Yes No

CERTIFICATION

I attest to the accuracy of all information provided on this application. I understand that Albany College of Pharmacy reserves the right to disqualify this application for admission if this form is willfully completed in an inaccurate or dishonest manner.

Applicant Signature

Date

Early Decision Applicants Only: As I submit this Early Decision application, I am aware that I have made application to Albany College of Pharmacy as my first college choice. Upon admission, I agree to withdraw applications from all other colleges and to make a *non-refundable deposit* by February 1.

Applicant Signature

Date

Parent/Guardian Signature

Date

Guidance Counselor/College Advisor Signature

Date

Certificate Applicants Only: By signing this application form, I agree that I have read and am aware of the Technical Standards and reasonably believe I can meet the Technical Standards found in the College Catalog.

Applicant Signature

Date