



COLLEGE OF PHARMACY AND NUTRITION
PHARMACY GRADUATE PROGRAM: INFORMATION FROM APPLICANTS

NAME: Last (Family Name) First Middle

ADDRESS:

CITIZENSHIP:

EDUCATION: List secondary school (upper middle, high school) undergraduate and graduate school. If you have not yet graduated, please indicate expected date of graduation.

Table with 6 columns: College, Faculty or School; University and City; Dates Attended (From, To); Degree & Date Awarded (or Expected); Overall Average; Rank in Class.

Academic Average in the 3rd and 4th year of Bachelor=s degree (if not completed, indicate average to date):
Average in Master=s if have completed this degree (if not completed, indicate average to date):

LANGUAGE OF INSTRUCTION: Applicants whose first language is not English must present evidence of proficiency in English based on TOEFL (minimum score 550 paper based or 213 computer based) or other approved test.

Years of formal instruction in English: Secondary School College Other
TOEFL (or equivalent) score (if available):

DEGREE SOUGHT: Masters (M.Sc.) Doctorate (Ph.D)

- Area of interest: G Pharmaceutics/Drug and Vaccine Delivery G Clinical Pharmacy
G Medicinal/Pharmaceutical Chemistry G Pharmacy Education
G Bio- and Nanotechnology/Molecular Biology G Pharmacoeconomics and Pharmacoepidemiology
G Pharmacokinetics G Toxicology

Date you would like to begin graduate studies: (Month) (Year)

FINANCIAL SUPPORT:

Are you planning to apply for scholarships or other funding?
If yes, please indicate.

If no scholarship or assistantship from your research supervisor
is available, can you meet your own expenses?

(Note: students are advised that the Master=s degree program usually requires two years and Doctoral degree program four years. Please consider this in planning financial support.)

DETAILS ON AREA(S) OF GRADUATE STUDY IN WHICH YOU ARE INTERESTED:

Please provide more details in the space below on the area(s) of Pharmacy you would like to pursue and your plans following graduate studies.

GRADING SYSTEM AT YOUR UNIVERSITY:

Please explain the grading system used in the University you attended (state highest and lowest passing grade).

Date: _____

Signature: _____

Please return this form and your resumé to: College of Pharmacy and Nutrition
University of Saskatchewan
110 Science Place
Saskatoon, Saskatchewan S7N 5C9
Canada