



California Northstate University  
Master of Pharmaceutical Sciences  
**Transfer Student Application**

# California Northstate University Master of Pharmaceutical Sciences

## Transfer Student Application

The Transfer Student Application is for individuals applying to the Master of Pharmaceutical Sciences (MPS) program with an interest in transferring to California Northstate University. An email notification will be sent upon receipt of your application packet. Therefore, it is recommended that you keep your e-mail address current with us.

### Checklist

The completed Transfer Student Application must be received by the Admissions Office by the last day in May, prior to the Fall semester you wish to enroll. All of the documents listed below are **required** and must be received by the deadline for your application packet to be considered complete. Information submitted after this deadline may not be taken into account when reviewing your Transfer Student Application.

- California Northstate University MPS Transfer Application
- Supplemental Application and Fee
- Personal statement and letter to the College Dean outlining reasons for seeking a transfer to California Northstate University Master of Pharmaceutical Sciences
- A letter from the Dean of the originating College outlining details of the transferee's academic performance
- Two Letters of Recommendation from a Professional Reference (Faculty, Healthcare Professional, or University Administrator)
- Official Transcripts from applicant's current school/college
- Official Transcripts from all institutions where course work was completed
- Syllabi for each pharmacy course completed at the school/college of origin
- Interview with the Dean of MPS or designated administrator

### Application Submission Information

Mailing Address: California Northstate University  
Master of Pharmaceutical Sciences - Office of Admissions  
9700 West Taron Dr.  
Elk Grove, CA  
95757

Email Address: [claudia.bravo@cnsu.edu](mailto:claudia.bravo@cnsu.edu)  
(Use Email Subject Line – Transfer  
Application)

Section One  
**Student Information**

Most Recently Completed Professional Year at Current Institution (please circle):

P1   P2   P3   P4

Professional Year you would like to transfer into California Northstate University College of Master of Pharmaceutical Sciences (please circle):

P1   P2   P3   P4

Applying for entry into California Northstate University MPS in Fall of \_\_\_\_\_ -  
(Year)

1. Name: \_\_\_\_\_  
Last                      First                      Middle                      Maiden (optional)
2. Last four Digits of SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_.
3. Do you have academic records under another name?    Yes ( )    No ( )  
If Yes, Indicate Name: \_\_\_\_\_  
Last                      First                      Middle
4. Permanent Mailing Address: \_\_\_\_\_  
Street                      City                      State                      Zip  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
5. Current Mailing Address: \_\_\_\_\_  
Street                      City                      State                      Zip  
Telephone: \_\_\_\_\_

Demographic Information

- a) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b) Place of Birth: \_\_\_\_\_
- c) Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Note: This information is requested in order to facilitate reporting to the American Association of Colleges and Pharmacy (AACCP) and for data collection. The Information provided will be used in a nondiscriminatory manner, consistent with Applicable civil rights laws and will not be used in any admissions decisions.

6. Education

A. High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

B. All Undergraduate Colleges Attended (list in chronological order, beginning with the most current)

Institution	Campus/Location/State	Dates	Major	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. All Graduate of Professional Schools Attended (list in chronological order, beginning with the most current)

Institution	Campus/Location/State	Dates	Major	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Have you ever been, or are you now, subject to probation, suspension, academic dishonesty charges, or dismissal from an institution? Yes ( ) No ( )

E. If yes, answer the following:

- Academic Probation: Yes ( ) No ( )
- Academic Suspension: Yes ( ) No ( )
- Disciplinary Probation: Yes ( ) No ( )
- Disciplinary Suspension: Yes ( ) No ( )
- Academic Dishonesty Charges: Yes ( ) No ( )

F. If you answered yes to any of the above, please list the institution(s), the semester(s) and explain the situation(s).

G. Are you eligible to return to each of the above institutions? Yes ( ) No ( )  
If no, please list institution(s) and explain the situation(s).

**Section Two**  
**Application for Admission**

7. TOEFL Score: \_\_\_\_\_ Scores required of all international student applicants who have not completed a bachelor's degree from an accredited U.S. college/university (code #5387).

8. Provide information for each individual submitting a recommendation on your behalf:

Name	Title	Address	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section Three**  
**General Information**

9. List honors and recognitions received in college. Include organizations and honorary societies.

10. Include your extracurricular and community activities and the extent of your involvement (offices held, etc.)

11. Have you been employed during summer or other vacation periods while in undergraduate school? Yes ( ) No ( )

Do you plan to continue to work if accepted in the MPS program? Yes ( ) No ( )

If yes, how many hours per week? \_\_\_\_\_

12. List in chronological order, beginning with your current position, your title or job description, place, and dates of employment.

13. Have you ever been employed in a pharmacy? Yes, volunteered ( ) Yes, employed ( ) No ( )

If yes, please provide the number of months employed and the name of the pharmacy:

If you are a Certified Pharmacy Technician (CPhT), what is your certificate number? \_\_\_\_\_

14. List any significant health-care related activities to date. List dates of involvement, level of responsibility, and number of hours per week.

15. Have you ever served in the armed forces? Yes ( ) No ( )

If so, complete the following:

Branch of service: \_\_\_\_\_ Rank: \_\_\_\_\_ Entry date: \_\_\_\_\_

Date & Type of Discharge: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Are you eligible for veteran's benefits? Yes ( ) No ( )

If so, under what law?

16. Have you ever matriculated in or attended any other university as a candidate for M.S.?

Yes ( ) No ( ) If yes, list name of school, program, and dates.

17. Have you ever matriculated in or attended any other health-related professional school?  
Yes ( ) No ( ) If yes, list name of school, program, and dates.

18. Have you ever been...

Convicted of a felony or misdemeanor, other than a minor traffic violation, within the last five years?

Yes ( ) No ( ) If yes, explain: \_\_\_\_\_

The subject to a deferred adjudication within the last five years?

Yes ( ) No ( ) If yes, explain: \_\_\_\_\_

Subject to a court order probation or confinement within the last five years?

Yes ( ) No ( ) If yes, explain: \_\_\_\_\_

Convicted of a drug or alcohol related offence, or been subject to a deferred adjudication for the offense within the last five years?

Yes ( ) No ( ) If yes, explain: \_\_\_\_\_

**If you have answered “Yes” to any part of question 18 state the details of such conviction or action on any separate sheet of paper and attach to the application. Please include in your explanation, the name and location of the court or jurisdiction, the date of the action and, if applicable, the date that the probation, deferred adjudication or confinement terminated.**

19. Give the name and relationship of all relatives in the pharmacy profession (including position, college, and date of graduation):

20. Describe any special circumstances that might aid the Admissions Committee in considering your application:

21. List all the universities to which you are applying for transfer this year:

Year	College	Interview	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you applied to this institution previously, if yes, please provide dates:

Section Four  
**Residency Information**

22. Are you an U.S. citizen? Yes ( ) No ( )

If “No,” what is your country of citizenship? \_\_\_\_\_

If you are not a citizen, do you hold Permanent Residence Status for the U.S.? Yes ( ) No ( )

If “Yes,” provide permanent resident card issued date: \_\_\_/\_\_\_/\_\_\_\_ Number: \_\_\_\_\_  
(MM) (DD) (YYYY)

\*Mail a copy of both sides of the card to the address provided on the checklist page.

- I have read and understand the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge.
- I also understand that false and/or omitted information will invalidate this application and will result in rejection of the applicant or dismissal from the California Northstate University Master of Pharmaceutical Sciences if the applicant has been admitted.
- I authorize that this information may be used by the California Northstate University Master of Pharmaceutical Sciences for research and development purposes aimed at improving MPS education and admission.
- I have read and understand the Master of Pharmaceutical Sciences’ student standards.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant