

# Guaranteed Admission Program APPLICATION CHECKLIST



**University of Hawai'i at Hilo**  
**The Daniel K. Inouye College of Pharmacy**

## PERSONAL INFORMATION

Name (Last, First, Middle Initial): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

## CHECKLIST:

- \_\_\_ Guaranteed Admission Program Application
- \_\_\_ Personal Statement
- \_\_\_ Two letters of Recommendation
- \_\_\_ (For high school applicants only) UH Hilo Undergraduate Application
- \_\_\_ (For high school applicants only) Copy of official SAT scores and/or ACT scores
- \_\_\_ (For high school applicants only) Official high school transcripts (grades 9-11)
- \_\_\_ (For high school applicants only) Copy of current courses in progress (grade 12)
- \_\_\_ (For current college applicants only) Official college transcripts (if you are a student attending a UH system institution, you may submit a copy of your transcript from your STAR report)

Please submit all application materials by **Tuesday, May 1, 2018.**

Email to [prepharm@hawaii.edu](mailto:prepharm@hawaii.edu) with the subject line  
"UH Hilo DKICP Guaranteed Admission Program"  
or mail to:

The University of Hawaii at Hilo  
Pre-Pharmacy Office  
DKICP Guaranteed Admission Program  
200 W. Kāwili Street  
Hilo, HI 96720