

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 2, 2017**.

Email to uhhhpac@hawaii.edu with the subject line
"UH Hilo DKICP Guaranteed Admission Program"
or mail to:

The University of Hawaii at Hilo
UH Hilo Health Professions Student Center
UH Hilo DKICP Guaranteed Admission Program
200 W. Kāwili Street
Hilo, HI 96720