

UNIVERSITY OF HAWAI‘I AT HILO
THE DANIEL K. INOUE COLLEGE OF PHARMACY



PRE-PHARMACY - EARLY ADMISSION
APPLICATION CHECKLIST

NAME (Last, First, Middle Initial): _____

____ Pre-Pharmacy - Early Admission Application

____ Personal Statement

____ Two Letters of Recommendation

HIGH SCHOOL APPLICANTS

____ Submit a UH Hilo Undergraduate Application

____ Copy of official SAT scores and/or ACT scores

- Minimum combined SAT score of 1280 or minimum ACT composite score of 27

____ Official high school transcripts (grades 9-11)

- Minimum high school grade point average of 3.5 or higher

____ Copy of current courses in progress (grade 12 and college credits, if applicable)

CURRENT COLLEGE APPLICANTS

____ Official college transcripts

- Students must have a minimum of two years of prerequisite courses remaining
- Minimum cumulative GPA of 3.5 or higher
- If you are a student attending a UH system institution, you may submit a copy of your transcript from your STAR account

Please submit all application materials by **June 1st**.

Email to pharmacy@hawaii.edu with the subject line
"Pre-Pharmacy - Early Admission"

or mail to:

UH Hilo DKICP

Pre-Pharmacy – Early Admission

200 W Kāwili St

Hilo, HI 96720-4091

UNIVERSITY OF HAWAI‘I AT HILO THE DANIEL K. INOUE COLLEGE OF PHARMACY



PRE-PHARMACY - EARLY ADMISSION APPLICATION FORM

PERSONAL INFORMATION			
Date			
Last Name		First Name	
Mailing Address			
City, State, Zip			
Home Phone		Cell Phone	
Email			
Date of Birth		Age	
State/Country of Legal Residence			
How did you hear about Pre-Pharmacy-Early Admission?			
EDUCATIONAL BACKGROUND			
What is your status at UH Hilo?	<input type="checkbox"/> Accepted as a new student <input type="checkbox"/> Will apply by June 1st	<input type="checkbox"/> Applied, awaiting acceptance notification <input type="checkbox"/> Current Student, semester/year first attended:	
(For high school applicants only) High School attending and expected year of high school graduation		Current cumulative high school or college GPA	
List AP tests taken (including scores), and/or any college courses taken			
List honors, awards, and/or research experience received			
Leadership and/or service involvement (school or community)			
CERTIFICATION			
I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information in connection with this application may result in the rejection of my application. I agree to provide supporting documents and verification of information upon request and give permission to the UH Hilo DKICP to access any educational records I have on file with the University of Hawai'i at Hilo.			
Signature of applicant		Date	
Signature of parent/guardian (if under the age of 18)		Date	

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PRE-PHARMACY - EARLY ADMISSION
PERSONAL STATEMENT

Personal statements should be typed and address all of the following questions.

1. Describe why you want to be a pharmacist and what has motivated you to pursue a career in pharmacy.
2. Describe why you would like to attend the University of Hawai'i at Hilo and what you feel you can contribute as a student to our community.
3. Explain your most significant experiences in the areas of community service, research, volunteer and/or leadership and why you chose these experiences.
4. Describe what you've learned from your community service, research, volunteer and/or leadership experiences.

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PRE-PHARMACY - EARLY ADMISSION
 LETTER OF RECOMMENDATION FORM

INSTRUCTIONS FOR THE APPLICANT

Two (2) letters of recommendation are required to complete your DKICP Pre-Pharmacy - Early Admission application. The letters should be written by people who can attest to your academic ability, motivation, interest in health care, and/or leadership skills. Letters can be written by teachers, counselors, school staff members, community leaders, coaches, employers, spiritual leaders, advisers, etc. **At least one of your letters MUST be written by one of your current or past teachers.** Letters should not be written by friends or family members. Please give your recommender adequate time to complete this form, or letter, and have him/her email or mail this form, or their letter, directly to UH Hilo DKICP.

I waive my right to access this recommendation letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant’s Signature		
Print Name		

INSTRUCTIONS FOR THE RECOMMENDER

The UH Hilo DKICP Pre-Pharmacy - Early Admission is an intensive program of study for students who wish to become pharmacists. We wish to select students whose personal attributes and abilities indicate that they have potential for success in a rigorous training program and as a competent, compassionate health-care professional. We appreciate your time to candidly answer the following questions about the applicant. **Please address the following questions either on this form or in an attached letter.**

Recommender’s Name			
Position/Title			
Name of Organization			
Address			
Phone		Email	

Please return directly to UH Hilo DKICP by June 1st.

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 “UH Hilo DKICP Pre-Pharmacy – Early Admission”

or mail to:
 UH Hilo DKICP
 200 W. Kāwili St
 Hilo, HI 96720-4091

Please do not return to the student.

1. How long have you known the applicant and in what capacity? How frequent is/was your interaction with the applicant?

2. What are the applicant's strengths, particularly as they might apply to the study of science and the practice of pharmacy?

3. Briefly comment on the following qualities and characteristics:

Competence: Reflected in academic achievement, especially in reading and writing skills

Maturity: Responsible, independent, reliable, able to work with others

Motivation: Strong desire to succeed in school

4. Please describe the student's leadership skills as well as any potential the student has demonstrated for future leadership capabilities, citing specific examples you have observed or of which you are aware.

4. Overall recommendation for acceptance to the DKICP Pre-Pharmacy - Early Admission:

Strongly Recommend

Recommend

Do Not Recommend

Recommender's Signature		Date	
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