University of Hawai‘i at Hilo
The Daniel K. Inouye College of Pharmacy
Pharmacy Admissions Success Track (PhAST) Application Form

The DKICP Pharmacy Admissions Success Track (PhAST) allows University of Hawai‘i students to have preferred enrollment into the DKICP Doctor of Pharmacy Program. DKICP accepts applications on a rolling basis. Please email applications to pharmacy@hawaii.edu.

PERSONAL INFORMATION

Name (Last, First, Middle Initial): ldk
Mailing Address: _____ City, State, Zip Code: _____
Phone #: (____)_____ University of Hawai‘i Email: _____@hawaii.edu
Home Campus: _____ Desired Year to Matriculate into DKICP: _____

INSTITUTIONS ATTENDED

Please list all Colleges and/or Universities attended including your current institution.

Name of Institution	City/State	Dates Attended (MM/YY – MM/YY)

Please arrange for official transcripts from all regionally-accredited colleges and/or universities attended to be sent to DKICP via National Clearinghouse or Parchment Transcript Services.

For coursework within the University of Hawai‘i System, students may email a copy of their STAR transcript.

APPLICANT’S CONSENT AND CERTIFICATION

I hereby give permission to the Daniel K. Inouye College of Pharmacy at the University of Hawai‘i Hilo to release a copy of my PhAST application to my home campus.

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 notify DKICP of any additional information or changes that arise during the application process.

Signature: _____ Date: _____