

UNIVERSITY OF HAWAII AT HILO
 THE DANIEL K. INOUE COLLEGE OF PHARMACY
 PRE-PHARMACY PREFERRED ADMISSIONS PATHWAY
 APPLICATION FORM



The DKICP Pre-Pharmacy Preferred Admissions (PPA) Pathway allows University of Hawai'i students to have preferred enrollment into the DKICP Doctor of Pharmacy Program. Students must complete this application with at least 1.5 years remaining of undergraduate education. Please email applications to pharmacy@hawaii.edu by **June 1st**.

PERSONAL INFORMATION

Name (Last, First, Middle Initial): _____

Mailing Address: _____

City, State, Zip Code: _____

Phone #: (____) _____ University of Hawai'i Email: _____@hawaii.edu

Home Campus: _____

PPA PATHWAY TRACK (Please select ONE. Tracks offered may vary by institution.)

Desired Year to Matriculate into DKICP: Fall _____

- Prerequisite Coursework** – Must maintain a cumulative GPA of 3.2 or higher
- Certified Pharmacy Technician (with Prerequisite Coursework)** – Must maintain a cumulative GPA of 3.0 or higher
- Associate of Arts Degree/Associate of Science in Natural Sciences Degree (with Prerequisite Coursework)** – Must maintain a cumulative GPA of 3.0 or higher
- Baccalaureate Degree (with Prerequisite Coursework)** – Must maintain a cumulative GPA of 3.0 or higher

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:
 University of Hawai'i at Hilo
 The Daniel K. Inouye College of Pharmacy
 Office of Student Services
 200 W. Kawili Street
 Hilo, HI 96720

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 PPA Pathway 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: _____

UNIVERSITY OF HAWAII AT HILO
THE DANIEL K. INOUE COLLEGE OF PHARMACY
PRE-PHARMACY PREFERRED ADMISSIONS PATHWAY
PERSONAL STATEMENT



Your personal statement should address all of the following:

- Describe why you want to be a Pharmacist and what has motivated you to pursue a career in Pharmacy.
- 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.
- Explain your most significant experiences in the areas of community service, research, volunteer and/or leadership and why you chose these experiences.
- Describe what you've learned from your community service, research, volunteer and/or leadership experiences.

UNIVERSITY OF HAWAII AT HILO
 THE DANIEL K. INOUE COLLEGE OF PHARMACY
 PRE-PHARMACY PREFERRED ADMISSIONS PATHWAY
 LETTER OF RECOMMENDATION FORM



INSTRUCTIONS FOR THE APPLICANT

You are required to submit two (2) Letters of Recommendation to complete the Daniel K. Inouye College of Pharmacy (DKICP) Pre-Pharmacy Preferred Admissions Pathway (PPA) Application. The letters should be written by people who can speak to your educational ability, motivation, interest in health care, and leadership skills. Letters should not be written by a family member, but could 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.** Please give your recommender adequate time to complete this form, or letter, and have them email or mail it directly to the UH Hilo DKICP Office of Student Services.

I waive my right to access this recommendation letter		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant's Signature			
Print Name			
University of Hawai'i Email			

INSTRUCTIONS FOR THE RECOMMENDER

Personal references are an important part of the UH Hilo DKICP Pre-Pharmacy Preferred Admissions (PPA) Pathway process and are carefully reviewed. The PPA Pathway 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 a 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 this form directly to the UH Hilo DKICP Office of Student Services by June 1st.

Email to pharmacy@hawaii.edu with the subject line

"UH Hilo DKICP - PPA Pathway"

or mail to:

UH Hilo DKICP
 Office of Student Services
 200 W. Kāwili St
 Hilo, HI 96720

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 Preferred Admissions Pathway:

Strongly Recommend Recommend Do Not Recommend

Recommender's Signature		Date	
----------------------------	--	------	--

Please return directly to the UH Hilo DKICP Office of Student Services.

Email: pharmacy@hawaii.edu

Mail: UH Hilo DKICP, Office of Student Services, 200 W. Kāwili St, Hilo, HI 96720

Please do not return to the student.