

**SUPPLEMENTAL INTERNATIONAL STUDENT APPLICATION  
FOR ADMISSION TO  
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF PHARMACY  
(MUST BE SUBMITTED IN ADDITION TO COMPLETING THE  
ONLINE APPLICATION FOR ADMISSION TO THE SCHOOL OF PHARMACY)  
DEADLINE: NOVEMBER 1 PRIOR TO THE YEAR FOR FALL ADMISSION APPLICATION**

*After completing the online application, mail this supplemental application to: Texas Tech University Health Sciences Center, Office of the Registrar-Pharmacy, 3601 4<sup>th</sup> MS 8310, Lubbock, Texas 79430-8310*

NOTE: The student's social security number is used for matriculation and record identification purposes. Disclosure of the social security number for these purposes is voluntary.

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Family Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_

Single Male       Single Female   
 Married Male       Married Female   
 Date of Birth: \_\_\_\_\_  
Month      Day      Year

Permanent Address: \_\_\_\_\_  
Street      City      State      Zip      Country

Mailing Address: \_\_\_\_\_  
Street      City      State      Zip      Country

E-Mail Address: \_\_\_\_\_

Where have you lived the past 12 months: \_\_\_\_\_  
Street      City      State      Zip      Country

City & Country of Birth: \_\_\_\_\_ County of Citizenship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

VISA TYPE:      F1       J1       Permanent Resident Alien       Other \_\_\_\_\_  
Please Specify

Area of Study:      PHMD (Doctor of Pharmacy)

Year you plan to ENTER Texas Tech University Health Sciences Center. The School of Pharmacy has only fall enrollment.      \_\_\_\_ Year      Have you applied previously?      \_\_\_\_ Yes      \_\_\_\_ No

TESTS:      TOEFL      GRE  
 Date Taken: \_\_\_\_\_ Score(s): \_\_\_\_\_ Date Taken: \_\_\_\_\_ Score(s): \_\_\_\_\_  
Month/Day/Year      Total      Month/Day/Year      V/      Q/      Total

Have you asked ETS to send your official report to PharmCAS?      \_\_\_\_ Yes      \_\_\_\_ No

If you have not taken the appropriate tests, when do you plan to do so? \_\_\_\_\_

I authorize Texas Tech University Health Sciences Center and/or Texas Tech University International Graduate Admissions to release to the U.S. Immigration and Naturalization Service, upon official notification, any information requested from my records.

Date: \_\_\_\_\_  
Month/Day/Year      Legal Signature

- All academic records as identified in the Information for Prospective International Students brochure must be received before the application can be evaluated including a financial statement and a sponsor's letter indicating that you sponsor will support you. Please utilize the checklist available on our web site.
- If accepted, an Official Transcript(s) from each regionally accredited U.S. College or University attended must be received. Submit a course-by-course evaluation foreign transcript evaluation report to PharmCAS only if foreign

courses are used for prerequisites. If accepted, submit a course-by-by course evaluation of your foreign transcript to the TTUHSC Registrar regardless of whether foreign courses were used to satisfy prerequisites.

- Uncertified copies and notarized copies of academic records **ARE NOT ACCEPTABLE.**
- Proficiency in English is required. An official TOEFL score report indicating a minimum of 650 paper-based/280 computer-based/114 internet-based is required. Submit scores to PharmCAS.
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- Deadline for **all required documents** must be received by November 1 prior to the year for Fall admission application.
- **THE UNIVERSITY RESERVES THE RIGHT TO CHANGE TUITION AND OTHER FEES IN KEEPING WITH THE ACTS OF THE TEXAS STATE LEGISLATURE OR THE BOARD OF REGENTS.**

## FINANCIAL STATEMENT

U. S. dollars in your possession upon arrival at Texas Tech University Health Sciences Center School of Pharmacy \$ \_\_\_\_\_

U. S. money received monthly: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Length of time this support is guaranteed: \_\_\_\_\_

Funds available to you other than those mentioned above: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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Certification: I understand that if I arrive at Texas Tech University Health Sciences Center with less than the amount of money indicated above and without the ability to secure the other mentioned funds, the University reserves the right to deny or cancel my registration. I certify that all information in the application is correct. I agree to comply with the regulations of the University.

Date: \_\_\_\_\_  
Month Day Year Legal Signature

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