

**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 4th 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: ____ - ____ - ____ Single Male ☐ Single Female ☐
Family Name: _____ Married Male ☐ Married Female ☐
First Name: _____ Date of Birth: _____
Month Day Year

Middle Name: _____

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 the TTUHSC? ____ 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. Please utilize the checklist available on our web site.
- Official Transcript(s) from each regionally accredited U.S. College or University attended must be received. (A course-by-course evaluation is required on any courses from outside the U.S. only if they are used for prerequisites. If you do not use any courses from a foreign transcript for prerequisites, then an evaluation is not required.)
- 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. **PHOTOCOPIES ARE NOT ACCEPTABLE.**
- 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:_____

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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