**Qatar University**

**College of Pharmacy**

*“Qatar’s First”*

**Application for Undergraduate Admission**

***Please Respond to All*** ***Questions in Legible English Print***

1. **Applicant Information**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Middle Name:** |  |
| **Last Name:** |  |
| **P.O Box :** |  |
| **Landline #:** |  |
| **Mobile #:** |  |
| **Primary E-Mail:** |  |

1. **Contact Person (in case of an emergency)**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Middle Name:** |  |
| **Last Name:** |  |
| **P.O Box :** |  |
| **Landline #:** |  |
| **Mobile #:** |  |
| **E-Mail:** |  |

1. **Applicant Demographic Information**

|  |  |
| --- | --- |
| **Gender:** | **Female**  **(We currently accept females only)** |
| **Date of Birth:** |  |
| **Marital Status:** | **Single**  **Married**  |
| **Country of Birth:** |  |
| **Nationality:** |  |
| **Primary Language:** |  |

1. **Secondary School Record ( Level 12)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of School** | **Address** | **High School %** | **Transcript Included?** |
| **1** |  |  |  | Y/ N |

1. **Have you completed the Qatar University Foundation Program requirements?**

* No  Yes 

(If yes, provide date:\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **English Proficiency**

* Enter your test information below and ensure official copy of the TOEFL (or IELTS) score is provided with application.
* TOEFL  IELTS  Other  Highest Score: \_\_\_\_\_\_\_
* Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you applying to another Pharmacy Program?**

* No Yes 
* If yes, please specify which program:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: An application to another program has no direct effect on admission decisions)

1. **Please write a brief statement (English language; maximum of 250 words) about why you are interested in a career in Pharmacy. Use a separate page for your response.**
2. **Work and Life Experience**

Please list any extracurricular activities (e.g. pharmacy or non-pharmacy work experience, volunteer work, clubs or other relevant experience) that you have participated in. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may attach additional documentation if necessary).

| **ACTIVITY** | **DATES** |
| --- | --- |
|  |  |
|  |  |
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|  |  |

1. **Provide the names of the two individuals you have chosen to serve as your references.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Title/Position** | **City/Country** | **Email** | **Telephone** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |

**11. Declaration**

I agree, if admitted to the Pharmacy Program at Qatar University, to comply with any and all regulations established by this academic organization. I certify that the information furnished on this application is true and complete in all respects and that no relevant information has been withheld. I authorize the Program to access available Qatar University academic records in support of my application as needed. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application are serious offences which may result in prosecution under the University’s regulations. I also understand that other institutions may be notified if such misinformation is discovered.

\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant Signature

To facilitate application processing, applications should be submitted as early as possible and before the application deadline. Incomplete applications and applications received after the deadline will not be considered. If you have any questions regarding admission to the Pharmacy Program, please refer to the website at [www.qu.edu.qa/pharmacy](http://www.qu.edu.qa/qu/colleges/pharmacy).

**12 . Attachments:**

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Available** |
| 1 | 2 personal photos ( Passport size- photo with veil is accepted) |  |
| 2 | Copy of TOEFL or IELTS score |  |
| 3 | 2 sealed letters of reference |  |
| 4 | Official transcripts of level 12 high school course grades. |  |

Personally deliver your completed typed application package to:

Ms. Farah Sleem

Student Admissions Committee

College of Pharmacy

Qatar University

PO Box 2713

Doha, Qatar

The information requested on this form is collected under the authority of Qatar University and is needed to process your application, to verify your qualifications and determine your eligibility for admission; for administration of student records, scholarships, and awards; for provision of student and alumni services; and for university planning and research. Upon acceptance to the Pharmacy Program, this information will form part of your student record and will be used to document your progress in the program. Students’ personal information may be disclosed to academic and administrative units as legally required.