



Preferred Admission Application

The CUSP Preferred Admission Program allows Cerritos College students to have preferred enrollment into the CUSP Doctor of Pharmacy Program. Students must complete this application. To remain eligible for the program, students must maintain a cumulative GPA of 3.3 or higher during the program. Students must also complete all prerequisite coursework with a grade of "C" or better (C- grades will not be accepted) by the end of the Spring semester prior to the start of the PharmD Program. Students enrolled in this program must apply as an Early Decision student to CUSP and may not enroll in another Doctor of Pharmacy's early assurance/preferred acceptance program or apply to another school/college of pharmacy.

To apply, please email the following items directly to CUSP Preferred Admission Program at [pharmacyadmissions@chapman.edu](mailto:pharmacyadmissions@chapman.edu) by June 1st:

- This CUSP Preferred Admission Application
Unofficial copies of all college transcripts
Two Letters of Recommendation

PERSONAL INFORMATION

Name (Last, First, Middle Initial): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

ACADEMIC INFORMATION

Current Cerritos College GPA: \_\_\_\_\_

Expected Year of Enrollment into the CUSP PharmD Program: Fall \_\_\_\_\_

You must apply to CUSP PharmD Program through PharmCAS by the Early Decision Deadline (typically early September of the prior year)

RECORD RELEASE

I, \_\_\_\_\_, hereby authorize Cerritos College to release information regarding my academic performance, including academic and academic integrity sanctions, and non-academic activities pertaining to my application, and if accepted, additional updates of my performance as required by the Affiliation Agreement between CUSP and Cerritos College.

I certify that I am a US Citizen or have US Permanent Resident status, and 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 rejections of my application. I agree to notify CUSP of any additional information or changes that arise during the application process.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_