



6. Academic Major at WIU: \_\_\_\_\_
7. Academic Minor: \_\_\_\_\_
8. Anticipated WIU Graduation Date : \_\_\_\_\_
9. Have you applied for the Univ. of IL-Chicago College of Pharmacy Articulation Program?    \_\_\_\_\_ Yes                    \_\_\_\_\_ No
- 10: Awards and Activities at WIU: List all WIU awards and extra-curricular activities you participated in. (Use extra pages if needed)

Award/Honor:	Organization:
_____	_____
_____	_____
_____	_____

11. List all community volunteer activities you have participated in during the past two years.

Name of organization	Your role	Year(s) in this activity
_____	_____	_____
_____	_____	_____

12. List all employment/jobs held during the past two years:

Name of employer:	Job Description	Hours/week
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Describe your interest in Pharmacy: (use extra pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Which Pharmacy School do you wish to attend after WIU?

\_\_\_\_\_

15. Student's signature: (Must sign and Date)  
*I certify that the information given on this application is true, and agree that any false information will result in termination of scholarship.*

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

Student signature