



# UNDERGRADUATE Application Instructions 2010

## RETURN TO:

Office of Admissions  
Albany College of Pharmacy and Health Sciences  
106 New Scotland Avenue  
Albany, NY 12208-3492  
Toll-free (888) 203-8010  
Fax (518) 694-7322

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## IMPORTANT DEADLINES

- OCTOBER 1** Registration with College Scholarship Service (CSS) for Profile Application  
CSS Profile Code 2013 (Early Decision applicants only)
- NOVEMBER 1** Early Decision Application Deadline
- NOVEMBER 15** CSS Profile Application Deadline (Early Decision applicants only)
- FEBRUARY 1** Regular Admission Priority Deadline for Fall 2010  
Free Application for Federal Student Aid (FAFSA) Deadline (all students)  
Deposit and Enrollment Confirmation Deadline (Early Decision applicants only)
- MAY 1** Deposit and Enrollment Confirmation Due

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## INSTRUCTIONS

All applicants are required to use the most current application for admission or the electronic application for admission found at [www.acphs.edu](http://www.acphs.edu).

Once a student is notified of acceptance, a *non-refundable deposit of \$400\** along with the signed Enrollment Confirmation form will be required to reserve a place in the class as long as space remains available. In the event that enrollment exceeds capacity, ACPHS reserves the right to return the admission deposit based on the date received. Accepted freshman applicants must complete their senior year of high school successfully and submit a final transcript and all required preregistration forms to the Office of Admissions prior to enrollment. Failure to submit a final transcript and all required forms may result in withdrawal of a student's acceptance. The College reserves the right to use a wait list for qualified students.

Applicants are required to select a program when completing an application for admission. The change of program policy can be found in the College Catalog.

Applicants who have studied for fewer than 10 years where English is the language of instruction are required to submit scores from the Test of English as a Foreign Language (TOEFL) or the Test of Spoken English (TSE). A minimum score on the TOEFL of 600 paper-based, 250 computer-based or 100 Internet-based or a minimum of 50 on the TSE must be achieved to be considered for admission.

\* Application and deposit fees not required for cytotechnology applicants under our formal articulation agreements with other colleges.

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**EARLY DECISION**

The Office of Admissions encourages qualified candidates who have selected ACPHS as their first choice to apply under the Early Decision program. Early Decision is a binding agreement and those offered admission would be expected to submit an enrollment confirmation and non-refundable tuition deposit by February 1.

Early Decision candidates seeking consideration for financial aid must submit the Profile Application, available from the College Scholarship Service (CSS). Applicants must submit the Profile Application at <https://profileonline.collegeboard.com> by November 15. Students seeking federal financial aid also must file the Free Application for Federal Student Aid (FAFSA) by February 1 at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

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**REGULAR DECISION**

To ensure full consideration and a place in the incoming class, we highly recommend that the completed application be submitted by the priority deadline of February 1. We will continue to process and accept applications after the priority deadline as long as space remains available.

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**EARLY ADMISSION**

Applicants who complete all freshman admission requirements at the end of the third year of high school will be considered on the same basis as four-year graduates.

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**FRESHMEN**

The following materials must be sent to the Office of Admissions:

- Application
- \$75 non-refundable fee (made payable to Albany College of Pharmacy and Health Sciences)
- Official high school transcript
- Two (2) letters of recommendation (one from your guidance counselor and one from a mathematics or science teacher)
- Scores from the Scholastic Aptitude Test (SAT) or American College Testing Program Examination (ACT) (which also must include the writing section)

The SAT code for the College is 2013. The ACT code is 2672.

Applicants must be at least 16 years old and must present evidence of graduation from an approved or accredited secondary school.

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Note: As more fully discussed in the College catalog, completion of College-supervised experiential education is a requirement for graduation with a Doctor of Pharmacy degree or Biomedical Technology degree or from the Cytotechnology certificate program. A felony or misdemeanor conviction, or other information contained in a background check, failure of a required drug test or inability to produce an appropriate health clearance, could result in delayed graduation or in the inability to graduate from the program and may result in denial of certification or licensure as a health professional. Information regarding eligibility for licensing in a particular jurisdiction may be obtained from the appropriate credentialing body of that jurisdiction.

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## TRANSFER STUDENTS

Doctor of Pharmacy (pre-pharmacy years one and two only) and Bachelors degree program applicants must submit this application by December 1 for spring semester entry or February 1 for fall semester entry.

The following materials must be sent to the Office of Admissions if not applying through PharmCAS:

- Application
- \$75 non-refundable fee (made payable to Albany College of Pharmacy and Health Sciences)
- Official transcript from high school and each college attended
- One (1) letter of recommendation
- Scores from the Scholastic Aptitude Test (SAT) or American College Testing Program Examination (ACT) (which also must include the writing section) if taken

Pending approval of the application, an interview may be required for admission.

Applicants applying to the first professional year of the Doctor of Pharmacy program are required to apply online through the Pharmacy College Application Service (PharmCAS) at [www.PharmCAS.org](http://www.PharmCAS.org).

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## CYTOTECHNOLOGY CERTIFICATE PROGRAM

The primary objective of the ACPHS Cytotechnology Certificate Program is to prepare candidates for the American Society of Clinical Pathology (ASCP) Certification Exam in Cytotechnology. A student's undergraduate and postgraduate training determines eligibility for examination. Applicants and matriculated students must demonstrate the ability to perform (or learn to perform) essential skills according to the technical standards listed in the College Catalog.

The following materials must be sent to the Office of Admissions:

- Application
- \$75 non-refundable fee\* (made payable to Albany College of Pharmacy and Health Sciences)
- Official transcripts from each college attended
- Two (2) letters of reference from teachers/supervisors that specifically address the applicant's potential in relation to our program (copies not acceptable)

Pending approval of the application, an interview will be required for admission.

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## INTERNATIONAL STUDENTS

International students must also supply:

- Scores from the Test of English as a Foreign Language (TOEFL) or the Test of Spoken English (TSE)
- Completed Foreign Education Credentials Evaluation form from the World Education Service (WES)

Pending approval of the application, a letter of acceptance and a Declaration and Certification of Finances form will be sent. The applicant must return this form promptly to the College with a *non-refundable tuition deposit and a \$140 International Student Fee*. International students coming from outside the United States are required to pay a \$100 SEVIS fee directly to the government at [www.fmjfee.com/index.jhtml](http://www.fmjfee.com/index.jhtml). Payment of tuition, International Student Fee, and receipt of the financial statement by the College will allow the College to forward to the applicant the Certificate of Eligibility form I-20A. Form I-20A is required for a visa. International applicants are not eligible for need-based federal and state financial aid.

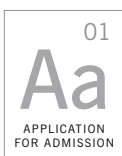
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AND HEALTH SCIENCES

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[www.acphs.edu](http://www.acphs.edu)  
[admissions@acphs.edu](mailto:admissions@acphs.edu)

To help protect the world's environment, this brochure was printed in an environmentally-sensitive manner on paper made from timber taken from carefully managed forests. Using this paper helps assure that natural habitats are not destroyed, nor water fouled, nor indigenous peoples displaced. By using this Forest Stewardship Council-certified paper, ACPHS hopes to aid in the prevention of land use changes, climate changes, and the pollution of our planet.



# UNDERGRADUATE Application for Admission 2010

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Albany College of Pharmacy and Health Sciences  
106 New Scotland Avenue  
Albany, NY 12208-3492  
Toll-free (888) 203-8010  
Fax (518) 694-7322

**PERSONAL INFORMATION** PLEASE TYPE OR PRINT

U.S. SOCIAL SECURITY NUMBER		DATE OF BIRTH	
LAST NAME	FIRST NAME	MI	
PREFERRED NAME		BIRTH NAME	
MAILING ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
COUNTRY	COUNTY (NEW YORK STATE RESIDENTS ONLY)		
TELEPHONE NUMBER		E-MAIL ADDRESS	
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

If your previous educational records are in another name, please indicate below.

LAST NAME	FIRST NAME	MI	BIRTH NAME
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**CITIZENSHIP** THIS SECTION MUST BE FILLED OUT COMPLETELY—PLEASE DO NOT SKIP ANY QUESTIONS

I am a U.S. Citizen.

I am a Permanent Resident of U.S. (Please submit a copy of your Permanent Resident card.)

I am NOT a U.S. Citizen. Country of Citizenship \_\_\_\_\_

I am in the U.S. on a visa Visa type: \_\_\_\_\_ (Please submit a copy of your visa.)

Country of Birth \_\_\_\_\_ What is your native language? \_\_\_\_\_

How many years have you studied where English was the language of instruction? \_\_\_\_\_

(If you have studied where English was the language of instruction for fewer than 10 years, the Test of English as a Foreign Language [TOEFL] or the Test of Spoken English [TSE] are required. A minimum score on the TOEFL of 600 paper-based or 250 computer-based or 100 internet-based; or a minimum of 50 on the TSE must be achieved to be considered for admission.)

List date on which you have taken or plan to take the TOEFL or TSE examination \_\_\_\_\_



Please indicate the name and address of the parent or guardian with whom you legally reside and to whom official College correspondence should be sent.  Parent  Guardian

NAME

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ADDRESS

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CITY

STATE/PROVINCE

ZIP/POSTAL CODE

If you have any brothers or sisters, list their names, ages and colleges (if any) they are attending.

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If any of your relatives have attended Albany College of Pharmacy and Health Sciences, list their names, relationship to you and date(s) of graduation (if applicable).

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### SUPPLEMENTAL INFORMATION

It is the policy of Albany College of Pharmacy and Health Sciences that all persons be provided equal opportunities regardless of race, color, sex, sexual preference, age, religion, creed, national origin, marital status, Veteran status, disabled Veteran status or disability. There will be no discrimination against any student or applicant for admission. We ask you to voluntarily provide the following information to aid the College in evaluating whether it is achieving its goal of attracting applicants from diverse backgrounds. The information will be used solely for statistical compilation and reporting. The information will not be used in the admission process, and either the information or your election not to provide the information will not subject you to any adverse treatment.

Are you of Hispanic or Latino descent?  Yes  No

What is your race? (select one or more)  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Gender:  Male  Female

Veteran:  Yes  No

To what other colleges have you applied?

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Have you ever been placed on probation or dismissed for academic or disciplinary reasons by a college or university?

Yes  No If yes, please use the space below to comment.

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Are you a Ventures Scholar?  Yes  No

Are you a McNair Scholar?  Yes  No

**ACADEMIC INFORMATION**

List in chronological order each high school attended.

SCHOOL	LOCATION (CITY/STATE)	ATTENDED FROM ... TO
SCHOOL	LOCATION (CITY/STATE)	ATTENDED FROM ... TO
SCHOOL	LOCATION (CITY/STATE)	ATTENDED FROM ... TO

List in chronological order each college or university attended.

SCHOOL	LOCATION (CITY/STATE)	ATTENDED FROM ... TO	DEGREE EARNED OR ANTICIPATED
SCHOOL	LOCATION (CITY/STATE)	ATTENDED FROM ... TO	DEGREE EARNED OR ANTICIPATED
SCHOOL	LOCATION (CITY/STATE)	ATTENDED FROM ... TO	DEGREE EARNED OR ANTICIPATED

Activities and Work Experience	Grades/Years Participated				Plan to Continue	Honors, Achievements or Offices Held
	9	10	11	12		
Student Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Team Captain
National Honor Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Current High School Counselor \_\_\_\_\_

High School Chemistry Teacher(s) \_\_\_\_\_

SAT: Date \_\_\_\_\_ Critical Reading \_\_\_\_\_ Mathematics \_\_\_\_\_ Writing \_\_\_\_\_ Overall \_\_\_\_\_

Date \_\_\_\_\_ Critical Reading \_\_\_\_\_ Mathematics \_\_\_\_\_ Writing \_\_\_\_\_ Overall \_\_\_\_\_

ACT: Date \_\_\_\_\_ English \_\_\_\_\_ Mathematics \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Composite \_\_\_\_\_

Date \_\_\_\_\_ English \_\_\_\_\_ Mathematics \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Composite \_\_\_\_\_

If you are applying as a freshman, please indicate any college credits you have received or expect to receive before you graduate from high school.

- Advanced Placement (AP): Subject(s) \_\_\_\_\_
- College course Subject(s) \_\_\_\_\_
- International Baccalaureate (IB) Subject(s) \_\_\_\_\_
- CLEP Subject(s) \_\_\_\_\_
- College course taught in high school Subject(s) \_\_\_\_\_
- Other \_\_\_\_\_

List the courses in which you currently are enrolled.

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

## PERSONAL STATEMENTS

Please submit a typed personal statement (minimum of 250 words) explaining in detail your interest in the major you wish to pursue at Albany College of Pharmacy and Health Sciences. Include specific reasons why you have selected a particular program and your career goals, in addition to any accomplishments you believe will enhance your future academic success.

If you have not been enrolled in school for more than one semester, the Admissions Committee requires a written statement outlining your activities.

**Certificate Program Applicants only:** Please provide a summary of your employment history for the past five years including titles, nature of work, employer, dates of employment and the number of hours worked per week.

## LEARNING ABOUT ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

How did you become interested in Albany College of Pharmacy and Health Sciences? (check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Admissions Representative                   | <input type="checkbox"/> Counselor  | <input type="checkbox"/> Admissions Brochure |
| <input type="checkbox"/> Teacher                                     | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> College Night/Fair  |
| <input type="checkbox"/> College Advisor/Faculty                     | <input type="checkbox"/> Friend     | <input type="checkbox"/> World Wide Web      |
| <input type="checkbox"/> Current Student (name and class year) _____ |                                     |  |
| <input type="checkbox"/> Alumnus (name and year graduated) _____     |                                     |  |
| <input type="checkbox"/> College Guide (list) _____                  |                                     |  |
| <input type="checkbox"/> Professional Association (list) _____       |                                     |  |
| <input type="checkbox"/> Other (list) _____                          |                                     |  |

Have you ever visited the College?  Yes  No

- (if yes, please check all that apply)  Admissions Interview/Tour  Visitation Program  To Visit a Friend  
 Other (list) \_\_\_\_\_

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## CERTIFICATION

I attest to the accuracy of all information provided on this application. I understand that Albany College of Pharmacy and Health Sciences reserves the right to disqualify this application for admission if this form is willfully completed in an inaccurate or dishonest manner.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Early Decision Applicants Only:** As I submit this Early Decision application, I am aware that I have made application to Albany College of Pharmacy and Health Sciences as my first college choice. Upon admission, I agree to withdraw applications from all other colleges and to make a *non-refundable deposit* by February 1.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUIDANCE COUNSELOR/COLLEGE ADVISOR SIGNATURE

\_\_\_\_\_  
DATE

**Certificate Applicants Only:** By signing this application form, I agree that I have read and am aware of the Technical Standards and reasonably believe I can meet the Technical Standards found in the College Catalog.

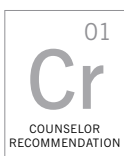
\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



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COUNSELOR  
Recommendation 2010

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PLEASE SUBMIT ONE COUNSELOR RECOMMENDATION.

**Applicant Information:**

NAME

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

**Guidance Counselor Information:**

NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE

E-MAIL

NUMBER OF YEARS YOU HAVE KNOWN THIS STUDENT

SIGNATURE

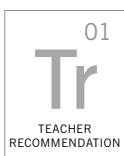
DATE

Please check one box for each trait

	Outstanding	Excellent	Good	Not Observed
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Use of Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Learning Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of Basic Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the back of this form to provide any information that will help set this student apart from other applicants. You may attach additional pages if necessary.





# TEACHER Recommendation 2010

**RETURN TO:**

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PLEASE SUBMIT ONE TEACHER RECOMMENDATION FROM A MATHEMATICS OR SCIENCE TEACHER.

**Applicant Information:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

**Teacher Information:**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

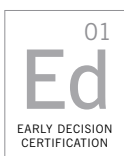
NUMBER OF YEARS YOU HAVE KNOWN THIS STUDENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please check one box for each trait	Outstanding	Excellent	Good	Not Observed
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Use of Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Learning Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of Basic Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the back of this form to provide any information that will help set this student apart from other applicants. You may attach additional pages if necessary.





## EARLY DECISION 2010 Certification

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NAME (PLEASE PRINT)

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ADDRESS

---

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

As I submit this Early Decision application, I am aware that I have made application to Albany College of Pharmacy and Health Sciences as my first college of choice. Upon admission, I agree to withdraw applications from all other colleges and to make a non-refundable deposit by February 1.

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APPLICANT SIGNATURE

---

DATE

---

PARENT/GUARDIAN SIGNATURE

---

DATE

---

GUIDANCE COUNSELOR/COLLEGE ADVISOR SIGNATURE

---

DATE