

Cumulative GPA at Rutgers, as of August 2024:

Did you apply for the PharmD/MD program last year? YES: NO:

Are you a transfer student? YES: NO:

Other Colleges/Universities Attended:

Do you have a bachelor's or graduate/professional? Specify degree:

Are you an EOF student? YES: NO:

Anticipated Year of PharmD Completion: 2026: 2027:

Experience

Volunteer Community Service

[*Medical/Pharmaceutical/Clinical*]

Name of organization:

Contact person and email address

Dates of participation

Total hours of experience:

Brief description of your role [30 words or less]

Paid Employment

[*Medical/Pharmaceutical/Clinical*]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Paid Employment

[*Non-Medical/Non-Pharmaceutical/Non-Clinical*]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Physician/Healthcare Shadowing/Clinical Observation

[Specify if this was an IPPE experiences]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Research/Lab Experience

[Including Research Honors Program]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Additional Research/Lab Experience

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Other Voluntary Extracurricular Activities and/or leadership experience

[1]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

[2]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

[3]

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Military Experience

Name of organization:

Contact person and email address:

Dates of participation:

Total hours of experience:

Brief description of your role [30 words or less]

Independent Study Leading to Manuscript or Publication

[Describe your experience briefly]

Teaching/Tutoring/Teaching Assistant Experience

[Include name of your preceptor/supervisor; describe your experience briefly]

EMSOP Honors, Awards, Student Organization Elected Office, etc.

[Provide list]

Send your completed Section I application to Senior Associate Dean Goldin: csg@pharmacy.rutgers.edu with the subject line "Application Pharm/MD Program AY2024-25."

Section II – Personal Essay

As a separate document [500 words maximum], describe your reasons for pursuing the PharmD/MD degree, your career aspirations, and why you feel you are well suited for the dual degree program. Referring to experiences you listed in the application, discuss how specific activities/encounters affected your perspectives on healthcare, your career aspirations, your personal commitments, etc. Avoid generalities and include statements that indicate personal reflection [one to two pages, double spaced].

Convert your essay to PDF format and send to csg@pharmacy.rutgers.edu with the subject line "Essay for PharmD/MD Program AY 2024-25"

Section III – Letters of Recommendation

Three letters of recommendation are required. Two must be from faculty at the School of Pharmacy and one from a mentor/employer/supervisor/colleague with whom you worked in one of the experiences described in your application.

Ask your faculty/mentors to send their letters in PDF format to Dr. C. Goldin Senior Associate Dean at csg.pharmacy.rutgers.edu with:

Subject line: PharmD/MD Letter of Recommendation for [your name]

First line of text: [your full name and class year]

Questions? Contact: csg@pharmacy.rutgers.edu