RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

Ernest Mario School of Pharmacy
Robert Wood Johnson Medical School

PharmD/MD Dual Degree Program AY 2026-2027 Application Form

PLEASE NOTE: Only currently enrolled EMSOP students in the P2 or P3 year are eligible to apply for this program.

Application Requirements:

I. Background and experience
II. Essay about your background and interests
III. 3 letters of recommendation (including 2 from EMSOP faculty)

Note: Completed applications [parts I, II, and III] are due January 8, 2027.

Section I – Background and Experience

Personal Information

Legal Name: _____ **Anticipated Year of Graduation:** _____

Date of Birth: _____ **Citizenship:** _____ **Legal State of Residence:** _____

Preferred Address: _____
Street City Zip

Permanent Address: _____
Street City Zip

Rutgers Email: _____

Name/Address of High School: _____

Year of High School Graduation: _____

Cumulative GPA at Rutgers, as of August 2026:

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 degree? Specify degree:

Are you an EOF student? YES: ☐ NO: ☐

Anticipated Year of PharmD Completion: 2028: ☐ 2029: ☐

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 Lahiri: minakshi.lahiri@rutgers.edu with the subject line "Application Pharm/MD Program AY2026-27."

Section II – Personal Essay

As a separate document [500 words max] describe your reasons for pursuing the 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]. Include your name at top of essay.*

Convert your essay to PDF format and send to Senior Associate Dean Lahiri: minakshi.lahiri@rutgers.edu with the subject line "Essay for PharmD/MD Program AY 2026-27"

Section III – Letters of Recommendation

Provide three letters of recommendation: two 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 Associate Dean Lahiri: minakshi.lahiri@rutgers.edu with:

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

F**irst line of text:** [your full name and class year]

Questions? Contact: minakshi.lahiri@rutgers.edu