

First Name:

Mobile #:

E-Mail:

Qatar University College of Pharmacy

"Qatar's First"

Application for Undergraduate Admission

Please Respond to All Questions in Legible English Print

1. Applicant Information

Middle Name:				
Last Name:				
P.O Box :				
Landline #:				
Mobile #:				
Primary E-Mail:				
2. Contact Person (in case of an emergency)				
First Name:				
Middle Name:				
Last Name:				
Last Name: P.O Box :				

3.	Applicant	Demographic	Information
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Ge	Gender: Female ☐ (We currently accept females only)			es only)	
Da	te of Birth:				
Ma	Marrial Status: Single Married Married				
Со	Country of Birth:				
Na	tionality:				
Pri	imary Language:				
4.	4. Secondary School Record (Level 12)				
	Name of School	Address	High School %	Transcript Included?	
1				Y/ N	
5.	Have you completed the Qatar University Foundation Program requirements?				
	No ☐ Yes ☐ (If yes, provide date:)				
6.	English Profici	ency			
	Enter your test information below and ensure official copy of the TOEFL (or IELTS) score is provided with application.				
	TOEFL IEL	TS □ Other □ Hi	ghest Score: _		
		Date:			

	No <u>□</u> Yes □	
	If yes, please specify which program:	
-	te: An application to another program has no nission decisions)	direct effect on
8.	Please write a brief statement (Englishmaximum of 250 words) about why you are a career in Pharmacy. Use a separate response.	e interested in
9.	Work and Life Experience	
pha exp and the	ase list any extracurricular activities (e.g. ph rmacy work experience, volunteer work, clubs of erience) that you have participated in. Identify for awards, honors and distinctions earned while se activities (you may attach additional dessary).	or other relevant any offices held e participating in
	ACTIVITY	DATES

7. Are you applying to another Pharmacy Program?

10. Provide the names of the two individuals you have chosen to serve as your references.

	Name	Title/□Positi on	City/□Coun try	Email	Telephone
1					
2					

11. Declaration

I agree, if admitted to the Pharmacy Program at Qatar University, to comply with any and all regulations established by this academic organization. I certify that the information furnished on this application is true and complete in all respects and that no relevant information has been withheld. I authorize the Program to access available Qatar University academic records in support of my application as needed. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application are serious offences which may result in prosecution under the University's regulations. I also understand that other institutions may be notified if such misinformation is discovered.

Date	Applicant Signature

To facilitate application processing, applications should be submitted as early as possible and before the application deadline. Incomplete applications and applications received after the deadline will not be considered. If you have any questions regarding admission to the Pharmacy Program, please refer to the website at www.qu.edu.qa/pharmacy.

12 . Attachments:

No.	Item	Available		
1	2 personal photos (Passport size- photo with veil is accepted) 2 Copy of TOEFL or IELTS score			
2				
3 2 sealed letters of reference				
4	Official transcripts of level 12 high school course grades.			

Personally deliver your completed typed application package to:

Ms. Farah Sleem Student Admissions Committee College of Pharmacy Qatar University PO Box 2713 Doha, Qatar

The information requested on this form is collected under the authority of Qatar University and is needed to process your application, to verify your qualifications and determine your eligibility for admission; for administration of student records, scholarships, and awards; for provision of student and alumni services; and for university planning and research. Upon acceptance to the Pharmacy Program, this information will form part of your student record and will be used to document your progress in the program. Students' personal information may be disclosed to academic and administrative units as legally required.