

Pharmacy-CBSS MBA Application

Application to add the MBA degree program to an existing PharmD program

Name: _____
Last First Middle ID Number

E-mail Address: _____ Phone Number: _____

Undergraduate Degree Earned:

Major: _____ Institution: _____

Date Degree Received: _____ Undergraduate GPA: _____

Please check the boxes below that apply to you:

Note: If you do not meet all three requirements, your application will be denied.

- I have completed the first year of the PharmD program in good standing.
- I have a minimum cumulative professional GPA of 3.5 at the end of my first year. Second- through fourth-year PharmD students will be evaluated individually.

Current PharmD Classification: _____

Professional GPA: _____

Graduate Degree Sought: **M.B.A.** Major: **Business Administration**

Applicant Signature Date

Approval Path:

College of Pharmacy Associate Dean for Academic Affairs Date

College of Business and Social Sciences Associate Dean (MBA Coordinator) Date

RECOMMENDATION TO THE GRADUATE SCHOOL:

- Grant admission to the MBA program
- Deny admission to the MBA program

Explanation for denial: