



FERRIS STATE UNIVERSITY

COLLEGE OF BUSINESS – COLLEGE OF PHARMACY



Application for Admission

Master of Business Administration and Doctor of Pharmacy Dual Enrollment Program

Why PharmD and MBA?

- There has been and will continue to be a significant increase in the opportunity for pharmacists to move into new roles, including management and pharmacoeconomic positions, requiring a significant grounding in business methodology.
- A dual PharmD and MBA degree is a logical combination of two existing degrees at Ferris State University that can provide a unique graduate capable of meeting the increased clinical expectations of the medical community with greatly enhanced business acumen demanded in today's cost conscious health environment.
- The PharmD/MBA is intended for Pharmacy students interested in corporate management positions within the pharmaceutical industry, health care industry, or corporate pharmacies (chains).

Who is Eligible for PharmD/MBA Dual Enrollment?

- The Ferris PharmD/MBA is a program option available to PharmD students who have earned a minimum 3.0 GPA their first year of studies. Only those students who have demonstrated the academic capability and motivation to succeed in this rigorous program option will be considered.
- Students admitted to the PharmD/MBA will be required to maintain a 3.0 GPA in all MBA and PharmD coursework.
- PharmD/MBA students will be required to complete a specialized eight (8) credit hour experiential concentration in two of the following options; Corporate Pharmacy, Pharmaceutical Industry, and/or Health Systems Pharmacy.

Admission Requirements

Minimum Requirements for Admission (please check all that apply):

- _____ Concurrent enrollment in the Doctor of Pharmacy Program .
- _____ Overall Grade Point Average (GPA) of 3.00 (professional program)
- _____ Good academic standing in the Doctor of Pharmacy program.

Admission to a graduate program is granted to students showing high promise of success. The above measures, along with other reasonable indications of promise, will be used in combination to arrive at a final judgment.

For Office use only:

- Accepted
- Accepted with Conditions
- Denied
- File Incomplete

Semester _____

Program _____

Application Requirements

To be considered for admission to the joint Pharm.D./MBA, applicants must submit the following documents:

- _____ Completed application (*Submit printed application, or apply on-line at <https://apply.ferris.edu>*)
- _____ Current resume.
- _____ Statement of Purpose, approximately one typed page, explaining your reasons for seeking admission into the joint Pharm.D./MBA program.

Additional Requirements for International Students

- _____ Copy of identification page(s) of your passport.
- _____ Confidential Financial Statement signed by you or your sponsor.
- _____ Original official bank statement from you or your sponsor representing funds for at least one academic year.
- _____ Official TOEFL score from ETS to Ferris State University (Institute code #1222).

Application and all supporting documents should be mailed to:

US Citizen/Domestic Applicants:

College of Pharmacy
Pharm.D./MBA program
220 Ferris Drive
Big Rapids, MI 49307-2284 USA

Other contact information:

Telephone: 1(231) 591-2254
FAX: 1(231) 591-3829
Email: leet@ferris.edu
Website: <http://ferris.edu/pharmacy>

General Instructions for All Applicants

Please print in ink or type. Use your full legal name. If your high school or college records appear under a different name, please indicate that name on line 1.

Section A - Personal Data

1. Name _____
(As it appears on your passport) Last/Family/Surname (Legal) First/Given (Legal) Middle (Legal) Other Names Used

2. Permanent Mailing Address _____
(Complete mailing address exactly as it should appear on the envelope.) Street Number and Name or PO Box Number

3. City _____ 4. Province/State _____ 5. Postal Code _____ 6. Country _____

7. Home Phone _____ 8. Work Phone _____ 9. Cell Phone _____
(International Applicants: Include Country Code, City Code, and number when completing items 7, 8, and 9.)

10. E-mail address _____
(Print clearly. Please check your email regularly as this is how we will communicate with you.)

11. Residency/Citizenship: United States Citizen Permanent Resident Refugee/Asylee

Country of Citizenship: _____ Country of Birth: _____ Country of Residency: _____

12. Do you currently have a U.S. Visa? No Yes – If yes, Visa type: _____
(If you are currently studying in the US on an F-1 or J-1 Visa, please submit a transfer form certified by your current school.)

13. Michigan Resident? No Yes If "Yes," how long? _____ Years _____ Months 16. Veteran? Yes No

14. *Racial or ethnic background – Please select the appropriate category:
 Hispanic/Latino American Indian/Alaska Native Asian Black Hawaiian/Pacific Islander White (non-Hispanic) Multiracial

15. *If multiracial, go back and select all categories that apply in Item 14.

16. Person to contact in case of emergency (English speaking person is preferable) Relationship _____

Name _____ Phone _____

Address _____
Number & Street City State/Province Postal Code

* Voluntary: Information gathered will be used for compiling institutional data. It will be kept confidential and will not be used as a factor in the admissions process. Failing to provide this information will not result in any adverse treatment of the applicant.

Section B - Education & Program Data

Applicant Status:

- Pharm.D. Student – First Professional Year (P-1)
- Pharm.D. Student – Second Professional Year (P-2)
- Pharm.D. Student – Third Professional Year (P-3)

What semester would you like to begin? (Applications may be accepted past deadlines if no international mailing or application for visa is required).

- Fall (August - December) 20____ (June 15 application deadline)
- Winter (January - May) 20____ (October 15 application deadline)
- Summer (May – August) 20____ (March 1 application deadline)

Section C - Signature

By my signature, I certify that all the answers I have given on this application, and responses, are complete and accurate to the best of my knowledge. I understand that falsification or omission of information or credentials may be cause for refusal of admission, cancellation of admission, or suspension or dismissal from the University if discovered subsequently. I also understand that I have a continuing obligation to notify the University of a change in my circumstances that would have resulted in a different response to the above questions. Failure to update the University about my change in circumstances may result in the same sanctions as apply to a misrepresentation of the facts originally stated in the application. If admitted, I agree to become knowledgeable about the rules and regulations of Ferris State University and abide by them. **(This application must be signed and dated to be considered.)**

Signature of Applicant _____

Date _____