

Application for Undergraduate Admission

Please Respond to All Questions in Legible English Print

1. Applicant Information

First Name:	
Last Name:	
Landline #:	
Mobile #:	
University Email:	
Other Emails:	

2. Contact Person (in case of an emergency)

Name:	
Landline #:	
Mobile #:	
Primary E-Mail:	

3. Applicant Demographic Information

Date of Birth:	
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/>
Country of Birth:	
Nationality:	
Primary Language:	
Other languages	

4. Secondary School Record (Level 12)

	Name of School	Address, Country	High School %
1			
	If you have done GCSE, AS or A levels then please list all subjects and your grades in each:		

5. Have you completed the Qatar University Foundation Program requirements?

No ☐ Yes ☐

(If yes, provide date:_____)

6. English Proficiency

Enter your test information below and ensure official copy of the TOEFL (or IELTS) score is provided with application.

TOEFL ☐ IELTS ☐ Other ☐ Highest Score: _____

Date:_____

7. Work and Life Experience

Please list any extracurricular activities (e.g. pharmacy or non-pharmacy work experience, volunteer work, clubs or other relevant experience) that you have participated in. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may attach additional documentation if

necessary. **Please make sure to combine all the documents in one PDF file).**

ACTIVITY	DATES

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

	Name	Title/ <input type="checkbox"/> Position	City/ <input type="checkbox"/> Country	Email	Telephone
1					
2					

9. 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.

Applicant Signature: _____ Date: _____

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.

10. Attachments:

No.	Item	Available
1	One personal photo <i>*Please note that this photo will be shared with all faculty members following your acceptance to the program</i>	
2	Personal statement	
3	One copy of TOEFL or IELTS score	
4	TWO reference letters sent directly by the referee writing the reference to CPH student affairs email: students-CPH@qu.edu.qa	
5	Copy of your final year high school course grades transcript	

Please submit your completed typed application package to the student affairs email: students-CPH@qu.edu.qa

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.