

Area of Concentration (ARCO) Application Form

Area of Concentration applying to:

- | | |
|---|--|
| <input type="checkbox"/> ARCO – Community Leadership, Innovation & Practice | <input type="checkbox"/> ARCO – PharmacoAnalytics |
| <input type="checkbox"/> ARCO – Geriatrics and Palliative Care | <input type="checkbox"/> ARCO – Pharmacy Business Administration |
| <input type="checkbox"/> ARCO – Global Health | <input type="checkbox"/> ARCO – Research |

Applicant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Correspondence Address: All communications will be sent using this address. If your address changes, please update your address in my.pitt.edu. If you need assistance, please email crs149@pitt.edu.

Address 1: _____

Address 2: _____

City: _____

State and Zip Code: _____

Phone: _____

Email Address: _____ PeopleSoft ID: _____ Class Year: _____

Area of Concentration: The Oversight Group for the designated ARCO will review applications, with a focus on past academic performance, letter of intent, extracurricular activities, and overall professional performance. The Oversight Group may also request an interview.

To be considered for an ARCO program, an applicant must submit this form along with a:

- Letter of intent / interest, including a discussion of the anticipated value of the ARCO to desired career
- Resume or Current Curriculum Vitae (CV)

Send completed application to:

Cheryl Sorensen, Academic Records Manager
University of Pittsburgh School of Pharmacy
05016 Salk Hall, 3501 Terrace Street
Pittsburgh, PA 15261

Application Deadline is January 31

Note: By submitting this application, the applicant grants the oversight group permission to access his or her academic transcript, professional portfolio, and agrees to participate in an interview, if requested.

I certify that the information provided on this application is, to the best of my knowledge, complete and accurate. I understand that any misrepresentation may cause for being denied admission. *Your application will not be processed without your signature.*

Signature: _____ Date: _____