# UT Student Application for the Pharmobility Pharmacy Student International Exchange Program

## (Revised 11/2015) Deadline for Electronic Submission: Monday, January 4th, 2016

[Note: Since you are completing an electronic version of this document, you may increase or decrease the space needed for completing the sections below.]

This document is the application form for the Pharmobility exchange program. Students from the United States must complete this application to apply for the exchange program with one of the European Union (EU) Colleges of Pharmacy. This information will be used to (1) prescreen candidates to determine eligibility, (2) evaluate a student's motivations for participating in the program, and (3) select the final candidates (in collaboration with our European partners). After the first screen for eligibility takes place here at the College, this application will be sent to the coordinators at the Schools of Pharmacy in the participating countries for them confirm that they can offer a program according to your needs, and that they will be willing to accept you in the timeframe specified. Consequently, this application is very important and you should be sure to complete it thoughtfully. Clearly state your goals for the exchange, and why it is important for your future professional practice.

#### **Personal Information**

Name:
Local Address:
Local Telephone:
Permanent Address (if not the same):
Permanent Telephone (if not the same):
Official University eMail address:

### **Travel Information**

Do you currently have a p	assport?	Yes	No		
Have you traveled abroad	d in the past 12	months?	Yes	No	
Have you traveled abroad	d in the past 3 y	years? ?	Yes	No	
If 'yes' to the travel abroa	d question(s), v	where did you	u go and for wha	at purpose?	
Identify and <b>prioritize</b> the exchange. If selected, you during the initial summer qualified candidates. So, than one country, you show	ou will live and voor your P4 year of your P4 year if you are mult	work in that c r. Remembe tilingual and v than one pre	ountry for a 2-3 r that there will l vould like to be ference.	month period of to be a number of	ime
A certain degree of fluence demonstration of that flue Languages spoken:	ncy is also req	uired. What	languages do y	ou currently spea	
Other:				guese	
Proficiency?:					
Note for Pharmacy Students to involve students that arrigid structure of our new to the following:	re further along	in their profe	essional studies	and because of t	the
☐ Current P3 Students in If you qualify, simply check				tus.	

#### **Academic Information**

Courses and other experiences that specifically related to your interest(s) in executing the Pharmobility Program (e.g., if you are interested in working in a Pharmaceutics Laboratory,

you would want to list your grades in Pharmaceutics courses & laboratories). Don't forget electives, if relevant to your interests.

#### **Professional Development**

Please describe the activities that you have undertaken to enhance your professional development prior to your entrance into the College of Pharmacy and while a student in the College. Please include your leadership and membership roles in professional organizations; attendance at special professional seminars, symposia, and meetings; and other evidence of your professional development, such as working in a research laboratory, participating in research or clinical projects. The next four sections demonstrate your long-term plan and commitment to your professional development. For the sake of consistency among applications, and to facilitate review, *please do not simply attach your curriculum vitae to satisfy this section*.

- (1) Previous *relevant* laboratory and/or clinical research experiences:
- (2) Membership and Leadership positions in professional organizations
- (3) Meetings, symposia, and special experiences or training *relevant* to the Pharmobility program and to your professional development (e.g., FIP Pharmacy World Congress, Annual Meetings of the American Society of Health System Pharmacists, Academy of Students of Pharmacy, elective or extracurricular classes that you have taken that support your professional goals and objectives).
- (4) Other personal experiences, such as IPSF Student Exchange Programs, international travel, volunteering in underserved countries and populations.
- (5) Personal Statement

Please write and attach a personal statement that is **no more than one-page in length**. In the personal statement you should write about (1) your personal goals and objectives for the exchange program; (2) how participation in the Pharmobility Program will help you to meet your personal goals and objectives; (3) the types of professional/pharmacy practice experiences (e.g., laboratory, hospital or community practice, pharmaceutical industry) that you hope to have as part of the exchange; (4) specific areas of interest within those

experiences (e.g., biopharmaceutics and drug delivery systems, pharmacogenomics, pharmacoeconomics, pharmacoepidemiology, regulatory affairs, specific clinical areas, such as asthma, psychiatry, cardiovascular).

Note: Most of these schools (like UT) have very little pharmacy coursework going on during the summer period, and so Pharmobility experiences usually focus on practice and/or research.

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Application Received by	College (Date):		
Application Approved:	(Patrick J. Davis, Senior Associate Dean)		
Application Forwarded to International Partner(s)			