

**Student Contact Information**

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First Name _____	Middle Name _____	Last Name _____
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Address _____	City _____	State _____ Zip _____
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Date of Birth: ____/____/____	Phone: _____	Email: _____

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**MCSOP Supplemental Application Fee**

Did you submit a supplemental application for the 2011-2012 application cycle to Midway College School of Pharmacy?

Yes       No

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**Transcript Fees**

Please list the School Name and City, State of transcripts received by Midway College.

School Name _____	School Name _____
City, State _____	City, State _____
School Name _____	School Name _____
City, State _____	City, State _____
School Name _____	School Name _____
City, State _____	City, State _____
School Name _____	School Name _____
City, State _____	City, State _____
School Name _____	School Name _____
City, State _____	City, State _____

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**PharmCAS Fees**

Did you submit an PharmCAS application for the 2011-2012 application cycle to Midway College School of Pharmacy?

Yes       No

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**Other Associated Fees\*:**

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**For Admitted Students Only:**

I authorize Midway College to release my previously submitted application documents, corresponding transcripts, and letters of recommendation to the University of Charleston School of Pharmacy. I understand that it is my responsibility to contact the University of Charleston about any additional or updated documents or information that the University of Charleston may require, as well as any other steps the University of Charleston may require as part of its application process. I further understand that Midway College will have no involvement in the selection process for admission to the University of Charleston, which will independently review and consider my application for admission to the University of Charleston School of Pharmacy.

Yes       No      Signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Form must be submitted by April 30, 2012.**

\*Additional fee reimbursement requests must be accompanied by a receipt or an official form of proof of payment.

Midway College may request additional documentation to support submitted reimbursement requests.

If you have questions regarding form submittal, please contact Midway College at [pharmacy@midway.edu](mailto:pharmacy@midway.edu) or 606-789-2900.

The form can be submitted via fax 606-789-9838 or e-mail [pharmacy@midway.edu](mailto:pharmacy@midway.edu).