

**MIDWESTERN UNIVERSITY  
CHICAGO COLLEGE OF PHARMACY/  
ILLINOIS INSTITUTE OF TECHNOLOGY  
DUAL ACCEPTANCE PROGRAM  
APPLICATION INSTRUCTIONS**

**Submission Deadline Date: February 1st**

To initiate our competitive selection process, you must complete and forward to Illinois Institute of Technology, Undergraduate Admissions Office a DUAL ACCEPTANCE PROGRAM application packet that includes the following:

- A properly completed application (see Section One)
- A non-refundable, non-waivable application fee of \$25 (see Section Two)
- Two completed and properly sealed recommendation forms (see Section Three)
- Official transcripts from each high school attended (see Section Four)
- A personal statement (see Section Five)

**Only completed application packets will be processed.**

**SECTION ONE: APPLICATION**

Provide all information requested on the DUAL ACCEPTANCE PROGRAM application form.

**SECTION TWO: APPLICATION FEE**

Enclose a non-refundable, non-waivable fee of \$25.00. Make your check or money order payable to **Midwestern University-CCP**.

**SECTION THREE: RECOMMENDATIONS**

Submit two letters of recommendation. They should be sent directly to: **Illinois Institute of Technology, Undergraduate Admissions Office, Perlstein Hall, Room 101, 10 West 33<sup>rd</sup> Street, Chicago, IL 60616**. Letters of recommendation from immediate family members will NOT be accepted.

**SECTION FOUR: OFFICIAL TRANSCRIPTS**

Obtain official transcripts from all high schools attended. The transcripts must include grades from courses taken in the first half of the senior year.

**SECTION FIVE: PERSONAL STATEMENT**

Follow the directions in the application form for preparing an essay.

**FOR MORE INFORMATION, PLEASE VISIT OUR WEB SITE AT**

**[WWW.MIDWESTERN.EDU](http://WWW.MIDWESTERN.EDU)**



**ADDITIONAL EMPLOYMENT EXPERIENCES**

Start Mo./Yr.	End Mo./Yr.	# of Hours (per week, month, etc.)	Place of Experience (Name, City, State)	Position Title

**EXTRACURRICULAR AND COMMUNITY ACTIVITIES**

Organization	Awards/Honors	Role/Activity	# Hr. (per wk., mo., etc.)	Position Title

**PERSONAL STATEMENT: (required)**

Attach a response to the following questions. (limit your response to one page per question):

- Please explain why you are interested in a career in pharmacy.
- What are you plans if you are not accepted into the Dual Acceptance Program?

**SIGNATURE**

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Midwestern University provides equality of opportunity in its educational programs for all persons, maintains nondiscriminatory admissions policies, and considers for admission all qualified students regardless of race, color, sex, sexual orientation, religion, national or ethnic origin, citizenship status, disability, status as a veteran, age, or marital status.*

*\*Applicants must be able (with reasonable accommodations) to meet the technical standards as outlined in the University catalog.*

**Before you submit this application, we suggest that you make a copy to keep for your records.**