

Dual Degree: PharmD / MS Healthcare Decision Analysis

Year you wish to start: \_\_\_\_\_ Term:  SUMMER  FALL  SPRING

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**PERSONAL INFORMATION**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
2. USC ID Number: \_\_\_\_\_ 3. Birthdate (mm/dd/yyyy): \_\_\_\_\_  
(no dashes)  
3. Phone Number: \_\_\_\_\_ 5. USC Email Address: \_\_\_\_\_

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**ACADEMIC BACKGROUND**

6. Current PharmD Cumulative GPA: \_\_\_\_\_  
7. Number of PharmD Units Completed: \_\_\_\_\_

7. List Educational History (all post-secondary institutions attended), most recent first:

<u>Institution</u>	<u>City/State</u>	<u>Dates Attended (from-to)</u>	<u>Degree/Subject</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Students accepted to the dual degree must complete the degree requirements for the PharmD and MS Healthcare Decision Analysis.

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Signature

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Date (mm/dd/yyyy)