

Applicant's Name _____ PharmCAS # _____



**University of the Incarnate Word
Feik School of Pharmacy
Applicant's Checklist**

Complete this checklist to ensure proper submission of the entire application. **Mail this checklist, requested materials, and fees in one envelope to:**

**University of the Incarnate Word
Feik School of Pharmacy
Attn: Office of Student Affairs
4301 Broadway CPO # 99
San Antonio, Texas 78209-6397**

Mail the following items to the aforementioned address:

- A completed, signed, original supplemental application form.
- \$50 **non-refundable** application fee in the form of a cashier's check or money order payable to *University of the Incarnate Word*. Personal checks will not be accepted. Write your full name, PharmCAS number, and social security number on the memo line for correct credit. Credit card payments are also accepted. Complete the form on the last page of the application to give credit card information.
- A self-addressed, postage-paid postcard that will be returned acknowledging receipt of application. This is optional; however, phone calls will not be honored.

**Application Deadline: December 1, 2009
All parts of the application must be
postmarked by this date.**