



Applicant Information

Full Name: _____ MSL Start Term: **SUMMER 2020**
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Credit Hours Completed – Pharm.: _____ Pharm. Cum. GPA: _____ Year as of Spring 2020: **P1 P2 P3 P4**

SUID (9 Number): _____ SU Username: _____

Do you have a bachelor's degree? YES NO If yes, from where? _____

Do you understand that when participating in MSL courses, you must abide by the policies and procedures outlined in the MSL Handbook? The handbook is available in Canvas and on our website. YES NO

Interest Statement

Briefly describe why you are interested in pursuing the Master of Studies in Law / Health Law and Policy degree:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____