UNIVERSITY OF SOUTHERN NEVADA
MASTER OF BUSINESS ADMINISTRATION PROGRAM
Supplemental Application for the joint PharmD/MBA degree program

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INTENT OF APPLICATION AND RELEASE OF INFORMATION

I have been admitted to the Doctor of Pharmacy (PharmD) program at the University of Southern Nevada, and I wish to apply for the Master of Business Administration (PharmD/MBA) joint degree program. I understand that the MBA classes will begin during the first week of July each year.

I hereby consent to and authorize the University of Southern Nevada MBA Program to review and receive a copy of my application, transcripts and supporting documents which I previously submitted to the College of Pharmacy. My information is indicated below.

I am submitting this application along with the $50 non-refundable application fee (made payable to the University of Southern Nevada.

_____ _____
Signature Date

PERSONAL / BIOGRAPHICAL INFORMATION

Student Status: ☐ Incoming P1 Student ☐ Incoming P2 Student

Name_____ ☐ Male ☐ Female
Last First Middle

Previous Name(s) if applicable: _____
(Documentation of name change must accompany this application – i.e. court papers, marriage certificate)

Social Security Number __ __ __-__ __-__ __ __ __ **Date of Birth** (MM/DD/YYYY) __ __/__ __/__ __ __ __

Mailing Address_____
Street / PO Box Apt. #

City_____**State**_____**Zip**_____**County**_____

Home Phone _____ **Cell Phone** _____

Email Address _____

Please indicate which campus you will attend or are currently attending:

☐ **HENDERSON, NEVADA CAMPUS**

☐ **SOUTH JORDAN, UTAH CAMPUS (Courses will be offered– pending minimum enrollment)**

Please return this form to:
University of Southern Nevada
MBA Program
Admissions & Enrollment Office
11 Sunset Way
Henderson, NV 89014