

Doctor of Pharmacy Recommendation Form

Applicant Instructions

Applicant: _____
First Name Last Name

Waiver:

The Family Education Rights and Privacy Act of 1974 (FERPA) gives applicants the right to access letters of reference written unless they choose to waive their right of inspection and review. Prior to requesting a reference from each evaluator, you are required to indicate whether you wish to waive your rights.

- I waive my right of access to this letter of reference
 I do not waive my right of access to this letter of reference

Applicant's Initials: _____ **Date:** _____

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Reference Instructions

*Please note you may be contacted to verify you have completed this form.

Reference's Name: _____

Position: _____

Name of Institution or Organization: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country or Territory: _____ Phone Number: _____

Please respond to the following questions regarding the applicant.

With what organization or institution are you affiliated?

Select the role that best describes your primary relationship with the applicant

If you are a professor or teacher, list all courses with applicant. (e.g., Intro to Chemistry, CHEM 101)

If you were (are) the applicant's supervisor, employer, or co-worker, please indicate the applicant's position title.

If you are a pharmacist, please answer the following two questions.

Pharmacy institution from which you graduated: _____

State in which you are licensed to practice pharmacy, if applicable: _____

How long have you known the applicant: ___Years_____Months

How well do you know this applicant? Very well Moderately Minimally Not at all

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How would you rate the applicant for each of the following characteristics? Please select the rating that best describes the applicant in each category. Select 'Not Observed' (N/O) if you have not had an opportunity to evaluate the characteristic or have no basis for assessment.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Observed
Oral Communication: speaks clearly with precision and accuracy, without ambiguity.						
Written Communication: writing is precise, accurate, grammatically correct, and unambiguous.						
Intellectual Ability: academic competence and aptitude for PharmD and/or graduate programs.						
Leadership: takes initiative and motivates others.						
Ethics: displays honesty, integrity, and ethical behaviors.						
Empathy: considerate, sensitive, and tactful in response to others.						
Reliability: dependable, responsible, prompt, and thorough.						
Judgment: displays critical thinking skills, common sense, and decisiveness.						
Interpersonal Relations: able to get along well with peers and superiors.						
Adaptability: reacts well to stress, is poised and controlled.						
Professional Appearance: maintains good personal hygiene, appropriate attire, well-groomed.						

Recommendation concerning admission:

- I highly recommend this applicant
- I recommend this applicant
- I recommend this applicant, but with some reservations
- I am not able to recommend this applicant

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Reference Comments

*Please provide a written evaluation for the Admission Committee. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful in its selection process.

Use the space provided or attach a letter.

Applicant's Name: _____

Reference's Name: _____ Date: _____

Save this document and e-mail completed recommendation as an attachment to:
pharmacy@cuw.edu

Or you may print and mail the form to the address below.

Concordia University Wisconsin
Attn: School of Pharmacy Office of Student Affairs
12800 N. Lake Shore Drive
Mequon, WI 53097