



## RECOMMENDATION LETTER FORM

\_\_\_\_\_ Applicant's First Name      \_\_\_\_\_ Middle Initial      \_\_\_\_\_ Last Name

**Release of Access to the Recommendation.** The applicant must complete and sign the following statement before submitting this form. This request is in compliance with federal law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

\_\_\_\_\_ I waive my right of access to this recommendation

\_\_\_\_\_ I do not waive my right of access to this recommendation

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

**Knowledge of the Applicant:**

I have known the applicant for: \_\_\_\_\_ years

I know the applicant \_\_\_ well \_\_\_ moderately well \_\_\_ slightly \_\_\_ not at all

Nature of my contact with applicant: \_\_\_ clinic \_\_\_ lecture \_\_\_ lab \_\_\_ other (\_\_\_\_\_)

**Evaluation of the Candidate**

	Truly Exceptional	Excellent	Good	Average	Below Average	No Comment
General Pharmacy Knowledge						
Communication Skills						
Ability to work independently						
Ability to work with others						
Ability to accept criticism						
Personal conduct & appearance						
Emotional maturity & stability						
Leadership						
Judgment						
Professionalism						

**Additional Comments**

On a separate sheet of paper, please make additional comments about this applicant.

**Overall Endorsement:**

\_\_\_ highly recommended

\_\_\_ recommend

\_\_\_ recommend with reservations

\_\_\_ do not recommend

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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