
Full Name of Applicant

PharmCAS Number

Please indicate your desired response by placing a ✓ on the appropriate blank (tab +click, enter, or space bar).

1. In what setting(s) have you been associated with the student? (✓ all that apply)

Lecture Laboratory Discussion Groups

Other (Specify) _____

2. Have you ever had occasion to question this student's integrity?

Yes No If yes, please attach a full explanation to this recommendation.

3. What would be your attitude toward having this student in a position under your direction?

Definitely would want him/her Would want him/her Be satisfied to have him/her
 Prefer not to have him/her Definitely would not want him/her Unable to judge

4. From your observation of this student, do you believe he/she has acquired the basic scientific knowledge in your field to further his/her studies in a science-based professional program?

Decidedly Probably Doubtfully Not at all Unable to judge

5. Check the responses which you believe are most appropriate to use in describing this student's motivation for the profession he/she has indicated.

Strong independent decision Unusual outside influence Average desire & Influence
 Casual To enter a secure well-paying profession None of these apply
 Unable to judge Other (Specify) _____

6. What did you perceive as this student's primary objective in your course?

Get a good grade Meet requirements Understand the subject "Get by"
 Unable to judge

Note: This form is adapted and used with permission of the Health Professional Information Office, University of Illinois.

On the chart below, check each item at the appropriate point on the competence scale which best indicates your rating of the student for the concerned characteristics. Use your own recent classes as a reference.

Key: 5=outstanding, 4=good, 3=average, 2=poor, 1=unsatisfactory, 0=not observed

Competency Factor	5	4	3	2	1	0
Initiative and Originality: Independent thought, work, and resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry: Promptness, application, perseverance, energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills: A. Use of English Language B. Use of written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Interest: Ability to seek out, evaluate, analyze, and interpret research and published data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills: A. Ability to relate to peers B. Ability to interact with faculty/instructors C. Tolerance for those different than self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Impression: A. Overall cognitive ability B. Overall non-cognitive ability (personality factors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate below your overall recommendation of the applicant for professional school:

A. Strongly Recommended

C. Recommended with Reservation

B. Recommended

D. Not Recommended

You may use this space below to indicate any particular observations and reactions bearing upon this student's character and academic promise for admission to the School of Pharmacy. Your comments will be carefully considered. (Additional comments may be attached to this form.)

Name (please type or print)

Office Address

Office Phone	Fax	E-mail
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Courses in which this applicant was instructed/supervised by you

Signature	Date
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Job Title