

Massachusetts College of Pharmacy
and Health Sciences

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General Recommendation Form

Section 1: (To be completed by applicant)

Last Name	First Name	Middle Initial
Street	Apt. Number	P.O. Box
City/Town	State/Province	Country
Zip Code	Telephone	Social Security Number
Term Starting:	<input type="checkbox"/> September	(year)

Signature of applicant	Date
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Section 2: (To be completed by person providing recommendation)

Last Name	First Name	Middle Initial
Street	Apt. Number	P.O. Box
City/Town	State/Province	Country
Zip Code	()	Relationship to applicant
Phone	E-mail	

Recommendation: Please address the applicant's oral and written communication skills, analytical and critical thinking skills and work habits. (A letter of recommendation may be submitted in place of this section — please staple the letter to this form. Letter must be written on official letterhead.)

Please rate the applicant on the following scales, and indicate the group with which the applicant is being compared for the purpose of these ratings:

	No Basis	Below Average (Lowest 40%)	Average (Middle 20%)	Good (Next 15%)	Very Good (Next 15%)	Outstanding (Highest 10%)	Truly Exceptional
Native Intelligence: Analytical Powers, Rigor of Thought, Critical Facility, Reasoning Ability							
Independence of Thought: Originality, Imagination, Creative Intelligence							
Effectiveness of Communication: A. Oral B. Written							
Industry and Motivation: Persistence, Self-Discipline Study Techniques							
Judgement and Maturity: Conscientiousness, Common Sense							
Leadership Ability							
Personality Attributes: Ability to Relate to Persons or Group							

Recommendation: Considering the applicant’s academic record, special abilities, ambition and determination, please indicate your recommendation:

	Masters Program	Doctoral Program
I recommend strongly for		
I recommend for		
I recommend with reservation		
I cannot recommend for		

To what group are you comparing this applicant (eg students, supervisors, etc)?

How long, and in what capacity, have you known the applicant?

Please submit in a separate envelope with your signature across the seal.

Thank you.

Signature/Title _____ Date _____

Completed form can be submitted directly to the campus to which the student is applying.
Addresses appear on front of form.