

LETTER OF RECOMMENDATION

Idaho State University
College of Pharmacy
Nontraditional PharmD Program

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

Read and sign the following statement **before** submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.

Date _____ Signed _____

I retain my rights of access to this confidential letter of evaluation.

Date _____ Signed _____

Each applicant to the College of Pharmacy at Idaho State University is required to submit three recommendations from individuals who are closely familiar with the applicant. The Admissions Committee would like to receive your assessment of the applicant's character, personality, and achievements as a pharmacy practitioner. When completed, this form should be mailed **directly** to the Admissions Committee, College of Pharmacy, Idaho State University, Campus Box 8356, Pocatello, Idaho 83209.

Name and title of person completing this form:

Name _____ Title _____

In what capacity have you known this applicant? Please explain: _____

How long have you known this applicant? _____

How well do you feel you know this applicant?

_____ Very well _____ Somewhat well _____ Not very well, casual acquaintance

Please rate the applicant in the context in which you have known him or her. Place an X under the rating column which best describes the applicant's character qualifications. Include additional comments in the space provided on the back of this form.

| | 5 Excellent | 4 Above Average | 3 Average | 2 Below Average | 1 Poor | 0 No Opportunity To Observe |
|--------------------------------------|----------------|-----------------------|--------------|-----------------------|-----------|-----------------------------------|
| 1. Attitude and Personality | | | | | | |
| 2. Reliability and Character | | | | | | |
| 3. Personal Appearance | | | | | | |
| 4. Work Habits and Industry | | | | | | |
| 5. Emotional Stability | | | | | | |
| 6. Capacity for Independent Thinking | | | | | | |
| 7. Judgment and Common Sense | | | | | | |
| 8. Oral Expression | | | | | | |
| 9. Written Expression | | | | | | |
| 10. Professional Achievements | | | | | | |

Please provide a short description of the applicant's professional accomplishments that you have personally observed.

Please provide a short narrative regarding your overall impression of the applicant's abilities, self-motivation, and desire to complete a nontraditional PharmD degree.

OVERALL RECOMMENDATION: CHECK THE APPROPRIATE STATEMENT:

_____ Highly Recommended

_____ Recommended with Reservations

_____ Recommended

_____ Not Recommended

Recommender's Title: _____

Business: _____

Address: _____

Phone: _____

Signature: _____

Please return this form within fourteen days to the Admissions Committee, College of Pharmacy, Idaho State University, Campus Box 8356, Pocatello, Idaho 83209.