## Recommendation from a Pharmacist

College of Pharmacy 921 South 8th Avenue Campus Stop 8288 Pocatello, ID 83209 (208) 282-3475

Applicant Information (please print or type)		Last 4-digits of Social Security #			
Applicant Name:					
Last	First		Middle		
Signature of Applicant:			Date:		
Applicant: The recommender cannot you in a work and/or academic who can make a frank apprais potential student in ISU College of	c capacity, is in a posal of your character,	osition to evalua	te your qualifications, and		
Pharmacist: Please seal this form in return the form to the applicant supplement your recommendation Admissions Committee will review	or mail it to the C with a personalized let	College of Pharm tter. This is not a	acy directly. Feel free to		
Signature of Recommender			Date		
	ed Pharmacist?	□ No T	itle and affiliation		
Street address or PO Box					
City	State	Zip			
Telephone number		E-mail addre	ess		
1. I have known the applicantyear Faculty Employment supervisor Socially		s):rvisor	── Not acquainted		
2. How well do you know the applicant?	] Very well □ Fairly w	vell   Casually	☐ Not at all		
If you <u>do not</u> know the applicant well e section 7.	nough to give a recomme	endation, check he	reand proceed to		

	t demonstrate any weaknesses that orous, professional, academic enviro	•				•	nore
students, employe	ne applicant with other groups of inc es, etc.), and place an "X" in the co applicant's ability, please do not cor	lumn which	n best de	escribes th		. •	e no
		Excellent Top 10%	Good Upper 25%	Average Upper 50%	Poor Lower 50%	Unacceptable Lower 25%	No Basis to Judge
ACADEMIC ABILITY	: performance, consistency, and						Juuge
academic maturity.	p						
	PHARMACY: genuineness,						
enthusiasm and depth	<u> </u>						
MATURITY: personal	development, ability to cope with						
life situations, time ma							
	.ITY: performance under						
•	y, and consistency in ability to						
relate to others, accep							
	ELATIONS: ability to get along						
• •	ooperation, attitude toward						
supervision.	to poods of others, consideration						
tact.	to needs of others, consideration,						
	MMON SENSE: ability to analyze						
	s, and foresight in everyday						
decisions.	s, and foresignt in everyday						
WORK ETHIC AND F skilled management of conscientiousness, foll	ows through, perseverance, self-						
discipline, and initiativ							
COMMUNICATION S							
Oral: clarity and com	mand of English. and command of English.						
6. Overall Recommer	ndation (check one): ghly recommend  Recommend o not recommend  No basis		Recomn	nend with	reservat	ion	
	ne a successful, practicing pharmaci gh Probable	st:	Possible	:	□ U	nlikely	
8. Any additional info	rmation you wish to add about this a	pplicant:					
This document r	nust be received by the College	of Pharma	acy no l	ater thar	1 5PM o	n February 1	
	ISU Col	lege of Pharm	nacy				
	C	outh 8th Aven ampus Stop 8	288				
	Pod	atello, ID 83	209				

3. What attributes does the applicant possess that we should be made aware?