Idaho State University
College of Pharmacy

# Recommendation

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 be related to you** and should be someone who has supervised you in a work and/or academic capacity, is in a position to evaluate your qualifications, and who can make a frank appraisal of your character, personality, abilities, and suitability as a potential student in ISU College of Pharmacy.

**Recommender:** Please seal this form in an envelope with your signature across the back. You may then return the form to the applicant or mail it to the College of Pharmacy directly. Feel free to supplement your recommendation with a personalized letter. This is not a requirement; however, the Admissions Committee will review any further information you provide.

Signature of Recommender Date

Name (type or print) Title and affiliation

Street address or PO Box

City State Zip

Telephone number E-mail address

1. I have known the applicant _____years /_____months in the following capacity:
   - ☐ Faculty
   - ☐ Employment supervisor
   - ☐ Socially
   - ☐ T.A. in course(s): _____
   - ☐ Volunteer supervisor
   - ☐ Other: _____
   - ☐ Not acquainted

2. How well do you know the applicant? ☐ Very well ☐ Fairly well ☐ Casually ☐ Not at all

If you do not know the applicant well enough to give a recommendation, check here ____and proceed to section 7.

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

4. Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in a rigorous, professional, academic environment (a block program consisting of 18 units or more per semester)?

5. Please compare the applicant with other groups of individuals you have known or worked with (e.g., students, employees, etc.), and place an "X" in the column which best describes the applicant. If you have no knowledge of the applicant's ability, please do not complete that section.

| | Excellent Top 10% | Good Upper 25% | Average Upper 50% | Poor Lower 50% | Unacceptable Lower 25% | No Basis to Judge |
|---|---|---|---|---|---|---|
| **ACADEMIC ABILITY**: performance, consistency, and academic maturity. | | | | | | |
| **MOTIVATION FOR PHARMACY**: genuineness, enthusiasm and depth of commitment. | | | | | | |
| **MATURITY**: personal development, ability to cope with life situations, time management. | | | | | | |
| **EMOTIONAL STABILITY**: performance under pressure, mood stability, and consistency in ability to relate to others, acceptance of criticism. | | | | | | |
| **INTERPERSONAL RELATIONS**: ability to get along with others, rapport, cooperation, attitude toward supervision. | | | | | | |
| **EMPATHY**: sensitivity to needs of others, consideration, tact. | | | | | | |
| **JUDGMENT AND COMMON SENSE**: ability to analyze a problem, decisiveness, and foresight in everyday decisions. | | | | | | |
| **WORK ETHIC AND RESOURCEFULNESS**: originality, skilled management of available resources, conscientiousness, follows through, perseverance, self-discipline, and initiative. | | | | | | |
| **COMMUNICATION SKILLS** | | | | | | |
| **Oral**: clarity and command of English. | | | | | | |
| **Written**: coherence and command of English. | | | | | | |

6. Overall Recommendation (check one):
   - ☐ Highly recommend ☐ Recommend ☐ Recommend with reservation
   - ☐ Do not recommend ☐ No basis

7. Potential to become a successful, practicing pharmacist:
   - ☐ High ☐ Probable ☐ Possible ☐ Unlikely

8. Any additional information you wish to add about this applicant:

**This document must be received by the College of Pharmacy no later than 5PM on February 1.**

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