Recommendation Form
(This form to be completed for all applicants. Letters will not be accepted)

To be completed by applicant: Student ID #:__________________________

Applicant Name: ____________________________________________________

Last      First     Middle

Select one:   □ I waive the right to review this recommendation.
              □ I retain the right to review this recommendation.

Signature of Applicant: ________________________________________________ Date: _________________

Applicant: The recommender cannot be related to you and should be someone in a position to evaluate your qualifications and who can make a frank appraisal of your character, personality, abilities and suitability as a student at the University of Utah College of Pharmacy.

Recommender: If the applicant waived their right to review this recommendation, please return this form to the applicant in a signed, sealed envelope.

Name (type or print) Pharmacist? □ Yes □ No 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:
   □ Employment supervisor □ T.A. in course(s): □ Not acquainted
   □ Faculty  □ Volunteer supervisor
   □ Socially □ Other:________________________________
   (Please Describe)

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 special attributes does the applicant possess that would be beneficial to our Professional Program?
4. Please detail any weaknesses demonstrated by this applicant that you feel would hinder his/her ability to perform effectively in a rigorous, professional, academic environment (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.

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

SIGNATURE OF RECOMMENDER ________________________________ Date ________________

The University of Utah College of Pharmacy Admissions Committee thanks you for providing this helpful information.

Updated 8/20/2004