

**HOWARD UNIVERSITY
COLLEGE OF PHARMACY**

Non-Traditional Doctor of Pharmacy Program: Applicant Recommendation Form

A. To be completed by the Applicant:

Instructions to applicant: Recommendations are suggested from a practicing pharmacist or healthcare professional who knows you, one from a colleague as a character reference, and one from a teacher or academic who knows you. Complete section A prior to giving this form and a self-addressed envelope to each rater. Only these forms will be accepted as official recommendations. Letters of support from evaluators are welcomed. All completed forms should be mailed by the evaluators to the applicant only. These completed forms, in signed envelopes, must be part of your application packet.

Applicant's Name _____

SSN: ____-____-____

Applicant's address: _____

Phone number: (____) _____

Check if:

- Academic reference
- Pharmacist or Healthcare Professional reference

Evaluator's name: _____

Initial the desired response and sign below.

- _____ I waive my right to review this recommendation form and/or any attached letters
- _____ I do not waive my right to review this recommendation form and/or any attached letters

Applicant's signature _____

Today's Date: ____/____/____

B. To be completed by the Evaluator

Instructions to evaluator: Thank you for investing the time and effort to complete this form. We are aware of the time involved but assure you that recommendations play a vital role in our admissions decisions. In an effort to be as uniform and meaningful as possible in our admissions process, we have devised this form. Please assist us by calculating a total and mean for sections I-IV, a grand mean for section V and list the range of scores given. Additional comments and attachments in support of your ratings are welcomed. Completed forms should be sealed in the envelope provided by applicant, with your signature across the seal. Mail the sealed envelope/form directly to the applicant. The applicant will submit a complete application packet to our Office of Admissions. Thank you for your assistance in the admissions process.

For sections I through IV, rate the strength of this applicant on a scale of 0 through 10 where, for example,

- 10 = strongest or best applicant the evaluator can imagine
- 8 = above average applicant applying to graduate or professional school
- 6 = average applicant applying to graduate or professional school
- 1 = weakest or worst applicant the evaluator can imagine
- N/A = unable to assess item

I. ACADEMIC CHARACTERISTICS

- | | |
|--|--|
| _____ 1. Natural academic talent or ability | _____ 7. Ability to work independently |
| _____ 2. Relative difficulty of previous course work | _____ 8. Verbal communication skills |
| _____ 3. Long-term retention of information | _____ 9. Written communication skills |
| _____ 4. Ability to apply information | _____ 10. Desire for graduate study |
| _____ 5. Originality or intellectual curiosity | _____ Section Total (sum of rated items) |
| _____ 6. Judgment and common sense | _____ Section Mean (section total/ # rated items) |

II. PERSONALITY TRAITS

- | | |
|------------------------------|---|
| _____ 1. Integrity | _____ 7. Truthfulness of answers |
| _____ 2. Self-knowledge | _____ 8. Promptness |
| _____ 3. Emotional stability | _____ 9. Courteousness |
| _____ 4. Maturity | _____ 10. Humanitarian concern |
| _____ 5. Sense of humor | _____ Section Total (sum of rated items) |
| _____ 6. Self-confidence | _____ Section Mean (section total/# rated items) |

III. WORK PROFILE

- _____ 1. Follows through on tasks
- _____ 2. Accepts difficult, unpleasant or boring tasks
- _____ 3. Accuracy of work
- _____ 4. Maintains confidentiality
- _____ 5. Dependability
- _____ 6. Professional appearance

- _____ 7. Potential contribution to pharmacy profession
- _____ 8. Desirability as an employee
- _____ 9. Awareness of need for assistance or supervision
- _____ 10. Productivity
- _____ Section Total (sum of rated items)
- _____ **Section Mean** (section total/ # rated items)

IV. INTERPERSONAL DYNAMICS

- _____ 1. Interacts well with individuals
- _____ 2. Interacts well with groups
- _____ 3. Ability to give constructive criticism
- _____ 4. Ability to receive constructive criticism
- _____ 5. Treats peers and subordinates with respect
- _____ 6. Communicates in a professional manner

- _____ 7. Clarity and conciseness of communication
- _____ 8. Ability to persuade others
- _____ 9. Avoids use of manipulative behavior
- _____ 10. Demonstrates sincere or active listening
- _____ Section Total (sum of rated items)
- _____ **Section Mean** (section total/# rated items)

V. SUMMARY

_____ **Grand Mean** (sum of means for sections I-IV divided by 4)

_____ Range of scores given for sections I-IV

VI. ADDITIONAL COMMENTS, IF ANY

Name of Evaluator (Please Print): _____

Title: _____

Facility & Address: _____

How long have you known the applicant? _____

In what capacity? _____

Email: _____

Day-time Phone (_____) _____

Signature: _____

Today's Date ____/____/____

(Please return as soon as possible to the applicant in the envelope he or she provided. Thank you.)