

LETTER OF REFERENCE

Department of Graduate Pharmaceutical Sciences
The University of Oklahoma College of Pharmacy

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT CLEARLY OR TYPE):

Applicant _____

Date _____

Address _____

Phone _____

Program _____

Applying for admission to

the Pharm.D./M.S. Program

the Ph.D. or M.S. Programs

Area of specialization _____

I WAIVE THE RIGHT TO REVIEW THIS APPLICATION:

SIGNATURE OF THE APPLICANT _____

TO BE COMPLETED BY THE RECOMMENDER:

The above applicant is required to have recommendations submitted by persons who are in positions to evaluate the applicant's qualifications for graduate training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for research and graduate training. Recipients of this information are asked to keep it confidential. **Please check the appropriate box.**

CHARACTERISTICS EVALUATED	EXCEPTIONAL TOP 5% [95%]	OUTSTANDING TOP 10% [90%]	VERY GOOD TOP 20% [80%]	GOOD TOP 30% [70%]	FAIR LESS THAN 70%	NO BASIS FOR JUDGMENT
Scientific knowledge						
Laboratory and/or research skills						
Critical thinking and problem solving skills						
Ability to work independently						
Capacity for independent thinking						
Quality of work						
Written communication skills						
Oral communication skills						
Leadership skills						
Industriousness and perseverance						
Initiative and motivation						
Ability to organize/manage time						
Ability to work with mentors						
Ability to work with peers						
Dependability						
Resourcefulness and originality						
Willingness to accept constructive criticism						
Professional demeanor						
Commitment to achieving goals						
Emotional stability and maturity						
Enthusiasm						
Integrity						

FOR THE RECOMMENDER TO COMPLETE:

1. I have known the applicant for approximately _____(months) _____(years).

I feel like I know the applicant

Very well

Fairly well

Only casually

2. My relationship to the applicant was (or is) in the following capacity:

Faculty Advisor

Employee

Other faculty relationships

Clerkship Preceptor

Supervisor

Other (please specify)

3. Does the applicant possess any special assets or experiences which should be noted?

4. Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a graduate program?

5. Other comments:

TO BE FILLED OUT BY THE RECOMMENDER (Please type or print clearly)

Name _____

Position: _____

Address: _____

Signature _____

Date _____

PLEASE RETURN THIS COMPLETED FORM TO:

THE UNIVERSITY OF OKLAHOMA COLLEGE OF PHARMACY GRADUATE PROGRAM

ATTENTION: Dr. Les Reinke

P.O. Box 26901

Oklahoma City, OK 73190