

Pharm.D. Early Assurance Program

Reference Form

**APPLICANT INSTRUCTIONS:**

Please fully complete the information in this section and then give this form to your references. You must submit two letters of reference. One must be from a science or math teacher and the other may be your choice of a professional reference.

Acceptable references may come from teachers, professors, coaches, guidance counselors, employers, volunteer supervisors, organizational advisors, a healthcare professional you have either worked with or job shadowed (family friends or family members are **NOT** acceptable). We do **NOT** accept letters from friends, family, family friends, politicians, or clergy members. Letters should provide as many details as possible about your qualities, attributes, and ability to be successful in college and professional school. References must be received no later than the **April 1st**application deadline.

|  |  |  |
| --- | --- | --- |
| **Applicant First Name:** | **MI:** | **Last Name:** |

**Waiver:**

The Family Education Rights and Privacy Act of 1974 (FERPA) gives applicants the right to access letters of reference written unless they choose to waive their right of inspection and review. Please indicate whether you wish to waive your rights:

[ ]  I waive my right of access to this letter of reference.

[ ]  I do not waive my right of access to this letter of reference.

**REFERENCE INSTRUCTIONS:**

References are an important part of the PEAP and are carefully reviewed. This is an intensive program of study for students who wish to become pharmacists. Please complete the information and rubric below to the best of your ability.

|  |  |
| --- | --- |
| **Reference’s Name** |  |
| **Position/Title** |  |
| **Name of Organization** |  |
| **Email Address** |  |
| **Phone** |  |
| **Address** |  |
| **How long have you known the applicant?** |  |
| **In what capacity do you know the applicant?** |  |
| **How well do you know the applicant?** | [ ]  Very Well [ ]  Moderately Well [ ]  Not Well at All |

Please rate the applicant based on your experience with the applicant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Outstanding** | **Good** | **Average** | **Below Average** | **Poor** | **Not Observed** |
| **Verbal Communication** |  |  |  |  |  |  |
| **Written Communication** |  |  |  |  |  |  |
| **Intellectual Ability** |  |  |  |  |  |  |
| **Integrity** |  |  |  |  |  |  |
| **Leadership** |  |  |  |  |  |  |
| **Motivation** |  |  |  |  |  |  |
| **Ability to Work With Others** |  |  |  |  |  |  |
| **Empathy** |  |  |  |  |  |  |
| **Reliability** |  |  |  |  |  |  |
| **Judgment** |  |  |  |  |  |  |

**Please tell us more in the space below about the applicant and the attributes you feel s/he exhibit that will help them be successful in achieving their goals or any reservations you may have regarding their success. You may attach a separate letter in lieu of using the space below.**

**Overall Recommendation for Acceptance:**

[ ] I highly recommend this applicant.

[ ]  I recommend this applicant.

[ ]  I recommend this applicant, but with some reservations.

[ ]  I do not recommend this applicant.

|  |  |
| --- | --- |
| **Reference’s Signature:** | **Date:** |

**Please return directly to the OUCOP Office of Student Affairs by April 1. Please do not return to the student.**

**Email the form to:** **jennifer-richardson@ouhsc.edu** **with the subject line “OUCOP PEAP”.**

**OR**

**Mail the form to:**

**University of Oklahoma College of Pharmacy
Office of Student Affairs
Attn: OUCOP PEAP
1110 N Stonewall Avenue
Oklahoma City, OK 73117**