



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. High School Students: One must be from a science or math teacher and the other may be your choice of a professional reference. Bachelor's Degree Holders: One must be from a professor 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 **March 1st** application deadline for high school students and the **May 1st** deadline for bachelor's degree holders.

Applicant First Name:	MI:	Last Name:

Are you applying for:

- High School PEAP
- Non-Science US Bachelor's Degree PEAP

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?	<input type="checkbox"/> Very Well <input type="checkbox"/> Moderately Well <input type="checkbox"/> 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:
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Please return directly to the OUCOP Office of Student Affairs by March 1 for high school students and May 1 for bachelor's degree holders. 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