



RECOMMENDATION LETTER FORM

_____ Applicant's First Name _____ Middle Initial _____ Last Name

Release of Access to the Recommendation. The applicant must complete and sign the following statement before submitting this form. This request is in compliance with federal law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

_____ I waive my right of access to this recommendation

_____ I do not waive my right of access to this recommendation

_____ Applicant's Signature

_____ Date

Knowledge of the Applicant:

I have known the applicant for: _____ years

I know the applicant ___ well ___ moderately well ___ slightly ___ not at all

Nature of my contact with applicant: ___ clinic ___ lecture ___ lab ___ other (_____)

Evaluation of the Candidate

	Truly Exceptional	Excellent	Good	Average	Below Average	No Comment
General Pharmacy Knowledge						
Communication Skills						
Ability to work independently						
Ability to work with others						
Ability to accept criticism						
Personal conduct & appearance						
Emotional maturity & stability						
Leadership						
Judgment						
Professionalism						

Additional Comments

On a separate sheet of paper, please make additional comments about this applicant.

Overall Endorsement:

___ highly recommended

___ recommend

___ recommend with reservations

___ do not recommend

Name: _____

Signature: _____

Position: _____

Date: _____

Institution: _____

Telephone: _____

Address: _____

Office of Student Affairs
College of Pharmacy
Sullivan University
2100 Gardiner Lane
Louisville, KY 40205