TO THE APPLICANT:
Before giving this form to the recommender, and in compliance with Federal Law P.L. 93-380, the Family Educational Right & Privacy Act of 1974, as amended, you must mark one of these statements and sign this form:

☐ I waive my right under the above law to inspect and review this recommendation; I understand that this waiver is irrevocable.
☐ I do not waive my right to inspect and review this recommendation in person.

Applicant’s name: ____________________________________________________________
Applicant’s signature: ______________________ Date: ________________

RECOMMENDATION FORM
B.S. - Pharmacology and Toxicology Program

TO THE RECOMMENDER:

I have known the applicant for approximately ________________________________, in the capacity of:

☐ Faculty member/instructor ☐ Academic advisor
☐ Employer/supervisor ☐ Other (specify): _________________________________________

I know the applicant:        Very well    Fairly well    Only casually

If you are a faculty member/instructor, has the applicant been enrolled in any of your courses?

☐ No ☐ Yes: For which class(es)? ____________________________________________

If you are an employer/supervisor/other, please indicate the organization in which you are affiliated with the applicant.

Recommender’s name (please print): ____________________________________________

For each item below, please check the one box that best indicates your evaluation of the applicant (BUT PLEASE PROVIDE COMMENTS on the back of this sheet or another sheet of paper):

<table>
<thead>
<tr>
<th>Item</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>Unable to Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This form must be postmarked by February 15
• Have you ever had occasion to question the applicant’s integrity?  
  □ Yes  □ No  
  If yes, please explain:

• Considering your overall assessment of the applicant, what is your recommendation to the committee regarding admission?
  □ Recommended as outstanding  
  □ Recommended as very good  
  □ Recommended as good  
  □ Recommended with reservation  
  □ Not recommended

• Please provide additional comments that you feel will help us with the evaluation of this applicant.  
  (You may attach a separate page in lieu of entering comments the field below.)

Recommender’s signature: ___________________________________________  Date: ____________________________
Recommender’s address: ____________________________________________  Telephone: (_____)(_______)

Deadline for postmark: February 15

Please mail this form directly to:  Undergraduate Admissions Office  
School of Pharmacy  
777 Highland Ave.  
Madison, WI  53705-2222