

**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: \_\_\_\_\_

***This form must be postmarked by February 1***

**TO THE RECOMMENDER:**

*IF THE APPLICANT HAS NOT MARKED AN ACCESS-WAIVER STATEMENT AND SIGNED AND DATED THE FORM ABOVE. DO NOT COMPLETE THIS FORM. INSTEAD, RETURN THE FORM TO THE APPLICANT.*

**Note the deadline checked above by the applicant.** Recommendations must be submitted in support of School of Pharmacy admission applications. The above applicant has chosen you to be a recommender. If you do not know the applicant well enough to complete this form, please notify the applicant. As you complete this form, we ask that you give a thoughtful and frank evaluation of the applicant. The School of Pharmacy complies with Federal and State laws covering the confidentiality of and access to educational records. Thus, if the applicant signed the second waiver above, the applicant may, upon written request, review this recommendation.

Recommender's name (please print): \_\_\_\_\_

- 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.  
\_\_\_\_\_

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**):

	Poor	Average	Good	Very Good	Out-standing	Unable to Evaluate
1 Is able to get at the heart of a problem, to distinguish between important points and details; has an orderly, logical mind.						
2 Is adaptable; can adjust to new knowledge and changing conditions.						
3 Has a well-thought-out-educational plan						
4 Is an independent thinker.						
5 Thinks ahead; anticipates opportunities and problems.						
6 Is candid, forthright.						
7 Is energetic, enthusiastic.						
8 Is emotionally stable; projects a calming influence.						
9 Demonstrates genuine concern for others; is considerate and tolerant of others.						
10 Accepts constructive criticism.						
11 Gets along well with others; works well as a team member.						
12 Speaks well; has clear articulation; responds clearly to questions						
13 Writes in an organized, focused manner, with proper use of grammar.						



- 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 1**

Please mail or email this form directly to:

School of Pharmacy  
Student & Academic Affairs Office, Rm 2220  
777 Highland Ave.  
Madison, WI 53705-2222  
kgurnee@wisc.edu