



Professional Recommendation

Doctor of Pharmacy Program Admission – Cedarville University School of Pharmacy

I. To be completed by the applicant (please print or type)

Name _____
Last First Middle

Home address _____
Street Address P.O. Box City State Zip

Home phone (_____) _____ E-mail address _____

Waiver of right of access to confidential statement: *I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.*

Applicant's signature _____
Date _____

II. To be completed by the professional

As an applicant to a Cedarville School of Pharmacy Doctor of Pharmacy Program, the individual named above is required to submit a recommendation from an employer or supervisor. An employer or supervisor from a job where the applicant received, monetary incentive is preferred. Supervisors from volunteer work are however acceptable if the applicant has not obtained the above type of position. Your comments are important to us; therefore, provide your complete and careful evaluation. *You must have known the applicant for at least six months and must not be related.*

Please return this completed form promptly to Pharmacy Admissions, Cedarville University, 251 N. Main St., Cedarville, Ohio 45314.

1. How long have you known the applicant? _____

2. How well do you know the applicant?

Close personal relationship

Fairly well

Casually

By name only

3. Would you consider this applicant to be of good moral character?

Yes

No

I don't know

4. What are the most positive qualities you have noticed about this applicant? _____

5. In what area does the applicant need further development? _____

6. What else should the Pharmacy School Admissions Committee know about this applicant? _____



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Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Quality of work					
Oral communication skills					
Performance in leadership situations					
Initiative and motivation					
Ability to work with others					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Maturity					
Enthusiasm					
Integrity					

Recommendation Concerning Acceptance:

Based on what the **applicant's** suitability for admission to the Cedarville University School of Pharmacy, I:

Highly recommend Recommend Recommend with reservations Prefer not to recommend

I need to discuss this recommendation by phone.

Name (please print) _____

Position _____

Organization name _____

Address _____

Street Address P.O. Box City State Zip
 Phone (_____) _____ E-mail _____

Signature _____

Date _____

Are you a graduate of CU? Yes No

**Fax this completed form directly to 937-766-4129, email to pharmacy@cedarville.edu or send by mail to:
 Pharmacy Admissions, Cedarville University, 251 N. Main Street, Cedarville, OH 45314**