

SCHOOL OF PHARMACY
 UNIVERSITY OF WISCONSIN-MADISON
 RECOMMENDATION REQUEST FORM
 (Please print or type all information)

Applicant

First name Middle initial Last (family) name

Street address or P.O. Box

City State/Country Country or Zip Code

Telephone number

I am applying to the School of Pharmacy's graduate program in: Hospital Pharmacy

Recommender

The School of Pharmacy Graduate Studies Committee would appreciate your frank evaluation of the applicant named above in terms of the main points indicated below. You may either use this form or respond with a personal letter (adhering as nearly as possible to the listed qualities).

Relative to persons of similar background 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.

Evaluation Characteristics	Upper 10%	Upper 20%	Upper 50%	Lower 50%	Cannot Judge
RELIABILITY: Honesty, frankness, sense of responsibility, dependability?					
INITIATIVE: Resourceful, energetic, industrious, enthusiastic?					
NATIVE ABILITY: Intellectually keen, talented, skillful?					
ASPIRATIONS: Aims for high standards in quality of work, attainment, and conduct?					
EMOTIONAL ADJUSTMENT: Stable, self-controlled, sympathetic, and adaptable?					
SELF APPRAISAL: Shows confidence in own abilities?					
COOPERATION: Considerate of others? Takes advice, constructive criticism reasonably?					

CONTINUED ON BACK

Approximately how long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please estimate the candidate's relative academic standing in his/her graduating class.

Upper 1%

Upper 10%

Upper 50%

Upper 5%

Upper 25%

No basis for judgment

You overall recommendation for admission of the applicant:

Highly Recommend

Recommend, with some reservation

Recommend

Not able to recommend the applicant

Please note below any additional remarks you might care to make about the applicant.

Signature of recommender

Name (typed or printed)

Title, Affiliation (department and university or department and company)

Street address

City

State/Country

Country or Zip Code

Telephone number

Please return form to:

Steve Rough, M.S., R.Ph.
Director of Pharmacy
UW Hospital and Clinics
600 Highland Avenue F6/133-1530
Madison WI 53792