

TO BE COMPLETED BY THE APPLICANT

Applicant's Name _____
Last First Middle

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants to PBA – Graduate Programs may either waive or reserve their right to see this confidential evaluation after it has been completed. Please indicate your choice below before submitting this form to be completed.

- I waive the right to see this evaluation form after it has been completed.
- I reserve the right to see this evaluation form after it has been completed.

Signature Date

In compliance with Section 504 of the Rehabilitation Act of 1973, the person providing a letter of recommendation is asked not to refer directly or indirectly to the applicant's handicap or physical disability.

TO BE COMPLETED BY THE RECOMMENDER

To the Recommender: In considering applicants to the Pharmacy Program, particular emphasis is placed on the comments from people with whom the applicant is personally acquainted. We appreciate the difficulty of furnishing meaningful and candid appraisals, and we are grateful for your contribution to our admission process. The Pharmacy Admission Committee typically finds that a recommendation which presents a balanced view of an applicant's abilities and other attributes is most helpful to the applicant and to the committee. This form is intended to help you present information about the applicant. Please supplement it in whatever way you feel is appropriate

Recommender's Name _____

Position or Title _____ Phone () _____

Organization _____

Address _____

How long have you known the applicant? _____

In what relationship? _____

Please list the areas of applicant's greatest strength and his/her potential to make an effective pharmacist.

Please list areas of weakness which you believe could preclude the applicant from becoming a pharmacy leader.

Additional comments:

RATINGS OF ABILITIES AND KNOWLEDGE

Use the following rating scale to indicate your assessment of the applicant's abilities, skills and knowledge.

- 9 - 10 Exceptional abilities and/or potential
- 7 - 8 Very high abilities and/or potential
- 4 - 6 Moderate to average abilities and/or potential
- 2 - 3 Below average abilities and/or potential
- 0 - 1 Very poor abilities and/or potential
- NA Not aware of abilities in described area

- _____ 1. Moral reasoning abilities and value system
- _____ 2. Ability to make difficult and complex personal decisions including lifelong career choices
- _____ 3. Ability to conceptualize and identify problems in complex organizational settings
- _____ 4. Ability to analyze and critically assess relevant alternative solutions to problem situations
- _____ 5. Ability to solve problems and make difficult decisions
- _____ 6. Ability to take initiative and effectively get things accomplished
- _____ 7. Personal motivation level
- _____ 8. Ability to motivate other individuals
- _____ 9. Written communication skills
- _____ 10. Oral communication skills, both in groups and with individuals
- _____ 11. Knowledge of and interest in pharmacy
- _____ 12. Non-verbal communication skills
- _____ 13. Overall assessment of abilities to become a pharmacist

- I *strongly* recommend that this student be admitted to the School of Pharmacy.
- I recommend that this student be admitted to the School of Pharmacy.
- I recommend with some reservation that this student be admitted to the School of Pharmacy.

My reservations are:

- I do not recommend that this student be admitted to the School of Pharmacy.

_____ Signature

_____ Date

Please sign and return to:

Palm Beach Atlantic University
Evening, Graduate and Professional Admission
P.O. Box 24708, West Palm Beach, FL 33416-4708
888-468-6722 • 561-803-2100 • Fax 561-803-2115
www.pba.edu • grad@pba.edu