

Recommendation Request
(Deadline date: December 15, 2010 – postmark)
For Applicant to Doctor of Pharmacy Degree

Mail to: Texas Tech University Health Sciences Center
School of Pharmacy Student Services
1300 S. Coulter Suite 2210
Amarillo, TX 79106-1712 Office (806) 354-5457 Fax (806) 356-4017

To the applicant:

Name _____ Social Security Number _____

(Please print or type)

Address _____ City _____ State _____ Zip _____ Phone _____

Federal law grants access to educational records to students after enrollment. I voluntarily waive my right of access to the information contained in this recommendation and agree that it shall remain confidential.

Mark one box:

☐ I hereby waive my right to access this recommendation, assuring the recommender's objective evaluation.

☐ I retain my right to access this recommendation.

Applicant's signature _____ Date _____

To the recommender:

Name _____

(Please print or type)

Title and affiliation _____

Address _____

Street

_____ *City* _____ *State* _____ *Zip*

Phone _____

The Admissions Committee of the Texas Tech University Health Sciences Center School of Pharmacy appreciates your assistance in evaluating this applicant. Please complete both sides of this form and return to the address above. Responses should involve specific knowledge relevant to the applicant's potential to study and practice pharmacy. The applicant has chosen you to make an honest, candid assessment of his/her abilities. Your recommendation will be considered in the admissions process.

Federal law grants access to educational records to students after enrollment. Therefore, unless the statement which waives access (above) is signed by the applicant, we cannot guarantee the confidentiality of your recommendation.

How well do you know the applicant? ___ Very well ___ Moderately ___ Slightly

How long have you known the applicant? _____

My relationship to the applicant was (or is) the following capacity: ___ Professor/instructor ___ Acquaintance
___ Pre-pharmacy advisor ___ Employer/supervisor ___ Other (please specify) _____

A. How would you rate the applicant for each of the following characteristics? Please place an “X” under the rating column which best describes the applicant.

Characteristics	Outstanding	Good	Fair	Poor	No basis for judgment
Ability to solve problems					
Intellectual ability (keenness, originality, capacity)					
Industry (promptness, perseverance, dependability)					
Initiative (imagination, independence, resourcefulness)					
Academic competency					
Character (integrity, honesty, responsibility, ethics)					
Maturity (assertiveness, leadership)					
Personality (self-confidence, sense of humor)					
Ability to work with others					
Expression (oral)					
Expression (written)					
Motivation toward pharmacy					

B. The pharmacy profession is evolving as a provider of medication and other health care information. Describe the applicant’s motivation and aptitude to successfully navigate a rigorous academic program and ability to solve problems. What evidence can you give that the applicant can effectively communicate, in both written and verbal forms, with all levels of society? Please give specific examples of behavior you have observed that illustrates the applicant’s potential. If you wish you may attach your written statement to this recommendation form.

☐ See attached written statement.

Recommender’s signature_____ Date:_____

*Original with signature must follow a copy if faxed.