



Graduate Program in Pharmaceutical Outcomes Research & Policy
 University of Washington, Department of Pharmacy
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<http://depts.washington.edu/porpp/Gradpage.htm>



Recommendation Form

Deadline for Complete Application Packet, including Letters of Recommendation: January 15

Please note: A complete form **and** the written evaluation are **required** from each referee

TO THE APPLICANT: Please complete the top section of this form before giving to referees and request them to return the completed form directly to the Department of Pharmacy in the enclosed small envelope.

Name of Applicant _____
 (please type or print) Last or Family First Middle

The Family Educational Rights and Privacy Act of 1974 stipulates that students are entitled to review their records, including letters of recommendation. It is your option to either waive or retain your right to review these recommendations. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Signature of Applicant _____ Date _____

Recommender's Assessment

TO THE PERSON PROVIDING THE RECOMMENDATION: Please complete this section and provide a written assessment of the candidate. Return to the UW Department of Pharmacy in the enclosed envelope with your signature across the seal.

What is your association with the applicant? _____

Please rate the applicant on each characteristic listed below in comparison with other students at the same level by circling the appropriate number.

	Weak	Below Average	Average	Above Average	Exceptional
Intellectual Curiosity and Ability	1	2	3	4	5
Ability to Synthesize and Analyze Ideas	1	2	3	4	5
Ethical Standards & Integrity	1	2	3	4	5
Oral English Skills	1	2	3	4	5
Written English Skills	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Potential for Independent Research	1	2	3	4	5
Overall Assessment	1	2	3	4	5

On the back of this sheet, or on a separate attached page, please provide your candid assessment of the applicant's strengths and weaknesses. We are especially interested in your assessment of the applicants promise of academic and professional excellence, and contribution to the program. Please discuss the applicant's accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly, and motivation.

Signature of Recommender _____ Date _____ Telephone _____

Name (please print) _____ Title or Position _____

Institution or Affiliation _____ Address _____