

**Section 1: The applicant must indicate whether to retain or waive right of access to this document.**

EVALUATIONS

EVALUATOR INFORMATION

Evaluator Name:

Title:

Occupation:

Organization:

Email:

Phone:

Date Completed:

Status:

+

Street Address 1

Street Address 2

City

State

Zip/Postal Code

Phone Number

How long have you known the applicant?

How well do you know the applicant?

How do you know the applicant?

If you are a pharmacist, indicate the pharmacy institution from which you graduated:

REFERENCE RATINGS

	Not Observed	Poor (1)	Below Average (2)	Average (3)	Good (4)	Excellent (5)
Adaptability						✓
Empathy						✓
Ethics						✓
Intellectual Ability						✓
Interpersonal Relations						✓
Judgment						✓
Leadership						✓
Oral Communication						✓
Reliability						✓
Written Communication						✓

RECOMMENDATION CONCERNING ADMISSION

**If preferred, the evaluator may submit an additional reference letter to this document.**