



EARLY ADMISSIONS PATHWAY PROGRAM THE OHIO STATE UNIVERSITY REFERENCE FORM

To the Applicant:

Please fill in your name and complete the waiver below if you choose to waive access to this evaluation. Then deliver this form directly to the person of your choice.

Name of Applicant _____

University _____

<p>The Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of fellowship. However, under</p>	<p>the legislation you have the option of signing such a waiver as follows: I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(name of recommender)</p> <p>in behalf of my application for admission to the Doctor of Pharmacy Program, The Ohio State University. This waiver is effective insofar as the recommendation is used solely for the purpose of admission.</p>
<p>Name _____ Date _____</p> <p style="text-align: center;">Please print</p>	<p style="text-align: right;">Signature _____</p>

To the Person Completing This Form:

The person named above has applied for admission to The Ohio State's Entry-Level Doctor of Pharmacy Program. Please complete this and return it to the address indicated on the reverse side of this form. If you prefer, you may write a separate letter and attach it to this form.

How long have you known this candidate and in what capacity? _____

Compare the candidate with a representative group of baccalaureate students; for each of the following categories, place a check mark in the percentile interval which represents your best estimate of the candidate's relative rank.

Characteristic for observation	Top 5%	90-95	80-89	70-79	Middle 1/3	Lower 1/3	No chance
1. Intellectual ability							
2. Compassion/empathy							
3. Original thought							
4. Interpersonal skills							
5. Academic background							
6. Laboratory analytical skills							
7. Spoken expression							
8. Written expression							
9. Potential for success in a health profession							
10. Emotional maturity							
11. Extracurricular involvement							
12. Industriousness							
13. Thoroughness							
14. Leadership traits							
15. Reliability/integrity							
16. Overall acceptability to Pharm.D. program							

