

University of Houston College of Pharmacy

Reference Request Form

HS teacher, counselor, college professor, advisor, pharmacist, supervisor/employer, or personal reference

Applicant: _____
Name

Applicant Instructions

The applicant is to:

1. Complete Page 1 and save the Reference Request Form as a new document.
2. Send the newly saved Reference Request form to your reference, preferably by email, so they may complete pages 2-4.

Note: The reference might not complete pages 2-4 unless the waiver question is answered.

Waiver:

The Family Education Rights and Privacy Act of 1974 (FERPA) gives applicants the right to access letters of reference written unless they choose to waive their right of inspection and review. Prior to requesting a reference from a each evaluator, you are required to indicate on your Reference Request Form whether you wish to waive your rights. UHCOP will release your decision to waive or not waive access to this reference to your evaluator and your designated PharmD and/or graduate programs.

I waive my right of access to this UHCOP letter of reference

I do not waive my right of access to this UHCOP letter of reference

Applicant Authorization:

In order for UHCOP to process your letters of reference, you must certify the following statements:

I hereby give UHCOP permission to contact the evaluator below via email to request the completion of the UHCOP evaluation form and letter of reference. If my evaluator does not submit a paper or online evaluation form to UHCOP in response to the request, it is my sole responsibility to contact the evaluator directly to ensure all references required by my designated PharmD and/or graduate programs are received by the deadline.

I understand that the designated PharmD and/or graduate programs to which I am applying may contact the evaluator either to verify the information provided and/or for further clarification of the information provided, and I hereby give permission for the schools or UHCOP to do so.

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Evaluator Instructions: Complete the following form. You may also attach an additional reference letter. Once complete, upload to the document(s) to the link listed at the bottom of this form.

Reference's Name: _____

Position: _____

Name of Institution or Organization: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country or Territory: _____ Phone Number: _____

Please respond to the following questions regarding the applicant.

With what organization or institution are you affiliated?

Select the role that best describes your primary relationship with the applicant

If you are a professor or teaching assistant, list all courses with applicant. (e.g., Intro to Chemistry, CHEM 101)

If you were (are) the applicant's supervisor, employer, or co-worker, please indicate the applicant's position title.

If you are a pharmacist, please answer the following two questions.

Pharmacy institution from which you graduated: _____

State in which you are licensed to practice pharmacy, if applicable _____

How long have you known the applicant: _____ Years _____ Months

How well do you know this applicant? Very well Moderately Minimally Not at all

Reference is to upload form (and any attached reference letters) by March 1, 2022
to the following link: <https://bit.ly/LORcoop>

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How would you rate the applicant for each of the following characteristics? Please select the rating that best describes the applicant in each category. Select 'Not Observed' (N/O) if you have not had an opportunity to evaluate the characteristic or have no basis for assessment.

| | Excellent 5 | Good 4 | Average 3 | Below Average 2 | Poor 1 | Not Observed |
|---|------------------------------|-------------------------|----------------------------|----------------------------------|-------------------------|---------------------|
| Oral Communication: speaks clearly with precision and accuracy, without ambiguity. | | | | | | |
| Written Communication: writing is precise, accurate, grammatically correct, and unambiguous. | | | | | | |
| Intellectual Ability: academic competence and aptitude for PharmD and/or graduate programs. | | | | | | |
| Leadership: takes initiative and motivates others. | | | | | | |
| Ethics: displays honesty, integrity, and ethical behaviors. | | | | | | |
| Empathy: considerate, sensitive, and tactful in response to others. | | | | | | |
| Reliability: dependable, responsible, prompt, and thorough. | | | | | | |
| Judgment: displays critical thinking skills, common sense, and decisiveness. | | | | | | |
| Interpersonal Relations: able to get along well with peers and superiors. | | | | | | |
| Adaptability: reacts well to stress, is poised and controlled. | | | | | | |
| Professional Appearance: maintains good personal hygiene, appropriate attire, well-groomed. | | | | | | |

Recommendation concerning admission:

- I highly recommend this applicant
- I recommend this applicant
- I recommend this applicant, but with some reservations
- I am not able to recommend this applicant

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Reference Comments