

FLORIDA A&M UNIVERSITY
College of Pharmacy and Pharmaceutical Sciences
Office of Student Services
1415 South Martin Luther King Jr. Blvd.
Tallahassee, FL 32307-3800

**Instructions for Submitting Letters of Recommendation for Admissions to the
Doctor of Pharmacy (PharmD) Program
Fall 2012**

Dear Applicant:

As part of the College of Pharmacy Doctor of Pharmacy application packet, we are requesting three (3) typewritten letters of recommendation and an evaluation form from a pharmacist, a professor and a person familiar with your potential for study in a pharmacy professional program.

Please print the form, complete the top portion, sign and forward the type written evaluation form to the recommender. In order to have ample time to submit the letter of recommendation and the evaluation form with your application materials, please indicate the date that the recommender should return the recommendation and evaluation form to you.

The letters of recommendation and evaluation forms should be mailed by the applicant directly to the Florida A&M University College of Pharmacy, Office of Students Services, 1415 S. Martin Luther King, Jr., Blvd., Tallahassee, FL 32307 by the February 1, 2012 application deadline. Please request the recommender return both the recommendation letter and evaluation form in a sealed envelope. The **unopened** envelope(s) must be included in your application packet. It is the responsibility of the applicant to ensure that all application materials are received by the February 1, 2012 deadline.

Thank you for your interest in the Florida A&M University College of Pharmacy and Pharmaceutical Sciences Doctor of Pharmacy degree program.

The Academic Standards and Admissions Committee
Florida A&M University College of Pharmacy and Pharmaceutical Sciences

FLORIDA A&M UNIVERSITY
College of Pharmacy and Pharmaceutical Sciences
Doctor of Pharmacy (PharmD) Program
Fall 2012

EVALUATION FORM

Applicant Name: _____
Last First Middle

Recommender: Please evaluate the applicant on the scale below in comparison with other applicants you have known during your professional career.

	Excellent Top 5%	Outstanding Top 10%	Good Top 20%	Average Top 50%	Satisfactory Lower 50%	Unable to Assess
Academic and intellectual ability						
Ability in oral expression						
Perseverance						
Written ability						
Professionalism						
Potential as a Pharmacist						
Motivation for Pharmacy Professional Study						

Recommender Signature: _____ Date: _____

Please seal letter of recommendation and the evaluation form in an envelope, sign across the seal and return it to the applicant for submission. The FAMU College of Pharmacy Academic Standards and Admissions Committee appreciates your time and assistance.