

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 2010**

Dear Applicant:

We are requesting three (3) letters of recommendation in combination with 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 evaluation form to the recommender. In order to have ample time to submit the evaluation form along with your application materials, please indicate the date that the recommender should return the form to you.

The letters of recommendation and the evaluation forms should be mailed by the applicant directly to us. The recommender must return the recommendation letter and evaluation form to you 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, 2010 deadline.

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

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EVALUATION FORM

Applicant: Complete the top portion of the evaluation form and forward it to your recommender. Indicate the date that your recommender should return the evaluation form and letter of recommendation to you in a sealed envelope. This will allow ample time to submit your complete application packet by the February 1, 2010 deadline. The unopened envelope(s) are to be included with your application materials. Please type.

Applicant Name: _____
Last First Middle

Name of Recommender: _____

Return to applicant by: _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right to access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

I **waive** my right to inspect the contents of this recommendation.
(By waiving your right, you will not be allowed to examine the contents of the letter)

I **do not waive** my right to inspect the contents of this recommendation.

Applicant's Signature

Recommender: The above named applicant is applying for admission to the Doctor of Pharmacy (PharmD) Program. In addition to completing the evaluation form, we ask that you write a letter of recommendation informing us of your opinion of the applicant's academic ability and potential for success in a pharmacy professional program. The recommendation letter should be addressed to the Florida A & M University College of Pharmacy Admissions Committee. Please rate the applicant on the chart provided. The College of Pharmacy Admissions Committee will pay careful attention to your evaluation and appreciate your assistance in the evaluation of future pharmacy professionals.

Recommender Signature: _____ Date: _____

Institution/Employer: _____ Title: _____

Address: _____

Email: _____ Telephone: _____ Fax: _____

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