



COLLEGE OF PHARMACY

Supplementary Application

Evaluation Form

Applicant's Name _____

Degree Sought: _____

Evaluator's Name _____ Title _____

Affiliation _____

Mailing Address: _____

TO THE APPLICANT:

Please complete the top portion of this form and submit it to the person who can best evaluate your potential for graduate studies.

Signing of the following waiver is entirely optional.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 as amended (P.L. 93-380), this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

I hereby waive my right of access to the information on this form.

Signature of Applicant

Date

TO THE EVALUATOR:

Please return this form directly to the Director of Graduate Programs, College of Pharmacy, University of Cincinnati Medical Center, Health Professions Building, Room 136, Cincinnati, OH 45267-0004.

The individual named above has applied for admission to a Graduate Program at the University of Cincinnati College of Pharmacy and has offered your name in reference. Your candid evaluation of this applicant will help to determine his/her qualifications for admission. Particular areas of interest are delineated. Your comments are essential to enable us to perform an accurate evaluation of the applicant's potential.

Non-Discrimination Policy: The University of Cincinnati reaffirms its policy that discrimination on the basis of race, color, religion, national origin, sex, sex orientation, physical or mental handicap, disabled veteran or veteran of the Vietnam Era or age will not be practiced in any of its activities.

EVALUATORS PLEASE NOTE: IN KEEPING WITH THIS POLICY YOU ARE STRONGLY DISCOURAGED FROM REFERRING DIRECTLY OR INDIRECTLY TO AN APPLICANT'S HANDICAP.

I have known this student for _____ years in the capacity of _____ and feel that I know this student: a) well enough to prepare a comprehensive evaluation of his/her potential; b) slightly; c) not well enough to provide a good evaluation of his/her potential.

Signature _____ Date _____

Please circle the most appropriate phrase describing the applicant. Please leave blank those areas you are unable to evaluate.

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|------------------------------|-----------------------------------|---|---|--|--|
| Industriousness | Lazy | Seldom completes work. | Does required work. | Occasionally does extra work. | Does extra work gladly. |
| Thoroughness | Careless. Work always incomplete. | Some work is incomplete. | Work complete, reasonably accurate. | Careful work. Accurate. | Extremely careful and thorough. |
| Originality | Never tries anything new. | Seldom originates work. Follows others. | Sometimes attempts new ideas. | Often initiates undertakings. | Marked ability for original concepts. |
| Communication verbal | Has great difficulty. | Has some difficulty. | Understandable, easy to follow. | Expresses difficult concepts easily. | Commands your attention when speaking. |
| written | Reports require major revisions. | Reports require some revisions. | Reports are acceptable without revision. | Reports are well above average. | Reports demonstrate superior writing skills. |
| Reliability | Neglects obligations. | Often needs supervision. | Has to be prompted. On most occasions reliable. | Usually assumes obligations. Keeps appointments. | Thoroughly dependable. |
| Co-operation | Disagreeable. Antagonistic. | Slow to respond. Not willing to help. | Tends to be agreeable and willing to help. | Agreeable. Does well in team work. | Always willing to help out. |
| Emotional Control | Very poor control of emotions. | Occasionally loses self control. | Good control. Fairly well balanced. | Well balanced; poised. | Unusually poised. |
| Intellectual Capacity | Very slow to learn. | Needs to make extra effort to keep up. | Average intelligence. | Quick to grasp subject. | Brilliant. |
| Recommendation | Not recommended. | Recommend with reservation. | Recommend. | Recommend with confidence. | Highly recommend. |

Additional Comments: Please use space below or attach a separate letter.