Undergraduate Volunteer Application:

Pharmacy



RFC Undergraduate Referral Form I	<u>2022</u>
Letter is confidential. I waive my right to vie Letter is not confidential. I do not waive my	
Name of student:	Student Signature (Can be typed):
Referrals will be accepted NO LATER than Fri	day, June 3rd, 2022 at 11:59pm
Name of evaluator:	Title/Position:
Name of evaluator: Email:	Title/Position: Place of employment:

To be filled out by the evaluator and emailed to Divine Grewal at divinegrewal@students.llu.edu

1) How long have you known the student, and in what capacity? Please limit responses to 300 words or less.

2) Please check the box that pertains to the student's ability in each of the listed skill sets. Initiative **Explanation/Comments** Excellent Above Average Average Below Average Communication **Explanation/Comments** Skills Excellent Above Average Average Below Average Intellectual Ability **Explanation/Comments** Excellent Above Average Average Below Average

Desire to Serve	1	Explanation/Comments
Excellent Above Average Average Below Average		
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Reliability		Explanation/Comments
Reliability Excellent		Explanation/Comments
		Explanation/Comments
Excellent		Explanation/Comments