RFC Pharmacy Undergraduate Referral Form I **2018-2019**

**☐ Letter is confidential. I waive my right to view this referral form**

**☐ Letter is not confidential. I do not waive my right to view this referral form**

|  |  |
| --- | --- |
| **Name of student:** | **Student Signature (Can be typed):** |

**Referrals will be accepted NO LATER than Monday, May 4, 2018 at 11:59pm**

|  |  |
| --- | --- |
| **Name of evaluator:** | **Title/Position:**  |
| **Email:** | **Place of employment:** |
| **Date:** | **Evaluator Signature (Can be typed):**  |

*To be filled out by the evaluator and emailed to Thao Nguyen at thtnguyen@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.

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| --- | --- |
| **Initiative** | **Explanation/Comments** |
| ☐Excellent☐Above Average☐Average☐Below Average |  |

|  |  |
| --- | --- |
| **Communication Skills** | **Explanation/Comments** |
| ☐Excellent☐Above Average☐Average☐Below Average |  |

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| --- | --- |
| **Intellectual Ability** | **Explanation/Comments** |
| ☐Excellent☐Above Average☐Average☐Below Average |  |

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| --- | --- |
| **Desire to Serve** | **Explanation/Comments** |
| ☐Excellent☐Above Average☐Average☐Below Average |  |

|  |  |
| --- | --- |
| **Reliability** | **Explanation/Comments** |
| ☐Excellent☐Above Average☐Average☐Below Average |  |