



School of Pharmacy

300 Prince Philip Drive, Health Sciences Centre
St. John's, NL Canada A1B 3V6

www.mun.ca/pharmacy

Doctor of Pharmacy (Pharm.D.) for
Working Professionals
Confidential Reference Form

APPLICANT NAME: _____ STUDENT #: _____

Name of Referee: _____

Work Address: _____

Company/ Institution Name: _____

Title/ Role: _____ Telephone Number: _____

Email Address: _____

Length of relationship with the applicant: I have known the applicant for _____ years.

In what capacity do you know the applicant? _____

Based on your knowledge of the applicant, please rate them on the following areas, in relation to other pharmacists. Please indicate using an X in the applicable box.

Table 1 – Evaluation of Applicant

DOMAINS	Outstanding Top 2%	Excellent Top 10%	Good Top 25%	Average Middle 50%	Below Average Bottom 25%	Unable to rate
Academic potential						
Problem-solving skills						
Interpersonal skills (Ability to work with others & in group/team)						
Empathy for patients/ others						
Self-directed/ independent work						
Verbal communication						
Written communication						
Professionalism (reliability, punctuality)						
Responsibility to work/ role						
Accepts feedback						

OVERALL EVALUATION

Based on your primary relationship with the applicant, where would you rank this applicant in relation to other pharmacists? Please indicate with an X.

Outstanding Top 2%	Excellent Top 10%	Good Top 25%	Average Middle 50%	Below Average Bottom 25%

From the domains listed in Table 1 above, please select two which you rated the applicant highly, and give a specific example of the applicant demonstrating that domain.

<p>1. The applicant demonstrated _____ in the following situation:</p>
<p>2. The applicant demonstrated _____ in the following situation:</p>

Recommendation concerning admission to Memorial's PharmD for Working Professionals (select one):

- I recommend this applicant
- I recommend this applicant, but with some reservations
- I am not able to recommend this applicant

If you are recommending with reservations or not able to recommend, please add one or two comments supporting this decision.

DECLARATION: I hereby declare that all statements on the application are true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

The completed reference form should be submitted by the referee to admiss.docs@mun.ca.