School of Pharmacy

REFERENCE LETTER FORM

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>WATERLOO ID (if known):</th>
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<tbody>
<tr>
<td>FIRST NAME:</td>
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To whom it may concern:

Thank you for agreeing to provide a reference for the individual identified above, who is applying for entry to the School of Pharmacy, University of Waterloo. We will use your comments, together with the academic record and other information supplied by the applicant, in making our admission decisions.

Please answer the questions in the space that has been provided, and ensure that your printing or writing is neat and clear. Alternatively, you may print your answers on a separate sheet and attach it to the form.

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE REGISTRAR’S OFFICE BY**

- **October 24, 2013** - for January 2014 entry
- **February 7, 2014** - for January 2015 entry

The completed form must be sent directly to Julie Pocock in the Registrar’s Office and cannot pass through the student’s hands. *You may send the form by mail, fax or email to the following address:*

**Julie Pocock**  
**Office of the Registrar**  
**University of Waterloo**  
**Waterloo, ON N2L 3G1**  
**Fax:** 519-746-2882  
**Email:** jpocock@uwaterloo.ca

**NOTES:**

- Please offer an accurate assessment of the candidate.
- Please do not include any information that might be viewed as touching on prohibited grounds under the Human Rights Code of Ontario, such as information of a racial, ethnic or religious nature.
1. Your name: __________________________________________________________

   Your occupation/profession: ____________________________________________

   Your position title (if applicable): ______________________________________

   ________________________________________________________________

   ________________________________________________________________

   Daytime telephone: _________________________________________________

2. Is the applicant a relative of yours?   ☐ Yes   ☐ No

3. How long and in what capacity have you known the applicant?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4. In comparison to other university students you know, please rate the applicant with respect to the criteria identified in the following table. Indicate your rating with an "x" in the appropriate column.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Truly Outstanding (top 2-3%)</th>
<th>Excellent (top 10%)</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Rate</th>
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<tbody>
<tr>
<td>Academic potential</td>
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<td>Creativity</td>
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<td>Leadership skills</td>
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<td>Ability to work independently</td>
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<td>Ability to work with others</td>
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<td>Concern for the welfare of others</td>
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<td>Communication skills</td>
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</table>

5. The program in Pharmacy at the University of Waterloo will require several semesters of co-operative study. Typically, this means that students will undergo employment interviews. Furthermore, they must possess the ability to communicate effectively with superiors, peers and subordinates during the co-op terms, make presentations, and write technical work-term reports. Clearly, a good command of the English language is essential for students to be successful in this process. Please comment on the applicant’s facility in spoken and written English.

   No problems [ ]

   May have some difficulty with: spoken English [ ] written English [ ]

   Has a serious difficulty with: spoken English [ ] written English [ ]

   Any other comments on the applicant’s spoken and written English skills:

_________________________________________________________________________
6. Please comment on the strengths and any suggested areas for improvement of the applicant as a potential Pharmacy student at the University of Waterloo and as a future member of the Pharmacy profession. We welcome and value any observations or comments you care to make that will assist us in assessing this applicant.

Date: ____________________________________________________________

Signature: ______________________________________________________

The Admissions Committee thanks you for your thoughtful assistance!