

Social Security # _____ Applicant's Name _____

**Midwestern University – Chicago College of Pharmacy Dual
Acceptance Program
Recommendation Form**

TO THE APPLICANT: Select recommenders who can rate you on eight or more of the items below. The following section must be completed before sending to the recommender.

Waiver of Access to Confidential References

In accordance with the Family Rights and Privacy Acts of 1974 (Public Law 93-o380), I understand that at my option, I may waive the right to review this letter of recommendation (please check your choice below).

I waive my right to inspect this letter I do NOT waive my right to inspect this letter

Name: _____ Signature: _____

Address: _____

If you do not check one of the above actions or do not authorize this waiver by signature, Midwestern University will assume that you have not waived access.

TO THE RECOMMENDER: Please indicate your impression of this applicant with regard to the following factors using a 5 point scale. Eight or more of these items must be marked.

Factors	5 (Exceptional)	4 (Commendable)	3 (Satisfactory)	2 (Marginal)	1 (Unacceptable)	0 (Unable to Judge)
MOTIVATION						
MATURITY						
INTERPERSONAL RELATIONS						
EMPATHY						
CRITICAL THINKING						
RELIABILITY						
LEADERSHIP						
COMMUNICATION SKILLS						
INTEGRITY						
QUALITY OF WORK						

Please provide additional written comments regarding the applicant's suitability for this profession. You may attach a separate sheet of paper if necessary.

How long have you known the applicant? ____Years ____Months ____Weeks

What is your relationship to the applicant? _____

Please indicate your recommendation for this applicant:

- I recommend this applicant without reservation.
- I recommend this applicant with the following reservation(s): _____
- I would not recommend this applicant for admission. Why? _____

RECOMMENDER (please print): By February 1, 2012, please enclose this completed form in a signed and sealed envelope and return to: Illinois Institute of Technology, Undergraduate Admissions Office, Perlstein Hall-Room 101, 10 West 33rd Street, Chicago IL 60616.

Name: _____

Title/Occupation: _____

Institution/Department: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #: () _____ **e-mail:** _____

Signature: _____