TO THE APPLICANT: By law you may review your records, including letters of recommendation, unless you waive that right. Please indicate your preference by checking the appropriate box below:

- I waive my right to examine this recommendation and request a candid evaluation of my professional potential.
- I do not waive my right to examine this letter of recommendation, but request a candid evaluation of my professional potential.

Signed: ___________________________________ Date: _________________

YOUR NAME (please print): ___________________________________________________

first   middle   last

TO THE EVALUATOR: The individual listed above has applied for admission to the Skaggs School of Pharmacy at The University of Montana. We appreciate your willingness to completely and candidly evaluate the potential of the student named above. Your recommendation may be read by the applicant unless he/she specifically waives his/her right to access this recommendation. Please see the section above to see if he/she has waived this right.

Please return the evaluation materials directly to our office in a sealed envelope with your signature across the seal. The evaluation must be postmarked by January 4, 2016.

In the rating scales below, please compare the applicant with a representative group of individuals you have known during your professional career who have had approximately the same amount of experience and training as the applicant.

<table>
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<tr>
<th>Characteristic</th>
<th>Below Average (Lower 50%)</th>
<th>Average (Upper 50%)</th>
<th>Good (Top 25%)</th>
<th>Very Good (Top 10%)</th>
<th>No Basis to Judge</th>
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<td>Flexibility</td>
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<td>Communication Skills</td>
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<td>Independence</td>
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<td>Motivation</td>
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<td>Maturity</td>
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<td>Initiative</td>
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<td>Responsibility</td>
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</table>
EVALUATION: Please answer the following questions keeping in mind communication skills, qualities, and contribution this applicant has displayed to your practice or organization.

1. Comparative Assessment - In what ways might you distinguish this applicant's work performance from other candidates? Through your personal experience, how would you characterize this applicant's level of resourcefulness, approach to problem solving, and adaptability to new situations? Please illustrate by giving examples where appropriate.

2. Personal/Interpersonal - What are this applicant's best qualities? What adjectives come to mind when describing this candidate?

   How well does the applicant interact with supervisors, peers, and the public?

   Give any reasons that might interfere with the applicant's ability and/or personal relationships at The University of Montana or in a professional setting.
3. Additional Information - What else should we know about this applicant (e.g., personal circumstances, unusual accomplishments, knowledge of health care or pharmacy)?

Date: __________________________
Name Of Respondent: ______________________________________________________
Signature Of Respondent: ___________________________________________________
Title: ______________________________________________________________________
Institution Or Organization: __________________________________________________
Dates of Student’s Experience: _______________________________________________
Total Hours: __________________________________________________________________

Please make a copy for your records and return the form directly to our office in a sealed envelope with your signature across the seal. Our address is:

The University of Montana
College of Health Professions and Biomedical Sciences
Skaggs School of Pharmacy Admissions Committee
341 Skaggs Building
Missoula, MT 59812-1512

Thank you.