



**RECOMMENDATION FORM FOR APPLICANT TO  
THE PH.D. PROGRAM  
IN PHARMACEUTICAL SCIENCES**

**MERCER UNIVERSITY COLLEGE OF PHARMACY AND HEALTH SCIENCES  
3001 MERCER UNIVERSITY DRIVE  
ATLANTA, GA 30341-4155**

**678-547-6237 • 678-547-6423 (FAX)**

**To be completed by the applicant:** Please print or type

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street

City State Zip Code (Area Code)-Telephone Number

I waive the right to review this recommendation  Yes  No

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the recommender:**

I have known the applicant for approximately \_\_\_\_\_ (months)(years). My relationship to the applicant was (or is) in the following capacity  
 faculty advisor  research project advisor  other faculty relationship  other (specify) \_\_\_\_\_

I know the applicant  very well  fairly well  only casually.

Relative to others of similar age, background and training, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

Characteristic Evaluated	Upper 1 - 2 %	Upper 3 - 10 %	Upper 11 - 25 %	Upper 26 - 50 %	Lower 50 %	No Basis for Judgment
Academic Ability						
Breadth of General Knowledge						
Quality of Work						
Written Communication Skills						
Oral Communication Skills						
Industriousness and Perseverance						
Cooperativeness						
Willingness to Accept Constructive Criticism						
Ability to Manage/Organize Time						
Imagination/Originality						
Potential as a Researcher						
Potential as a Teacher						
Emotional Stability/Maturity						
Dependability						

(continued on reverse side)

Please comment below on the applicant's strengths and weaknesses. Emphasize characteristics you believe would make the applicant a successful or unsuccessful graduate student.

Other comments:

Recommendation on admission (please check one)

I highly recommend this applicant

I recommend the applicant, with some reservation

I recommend this applicant

I am not able to recommend this applicant

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name printed or typed

\_\_\_\_\_  
Position or title

\_\_\_\_\_  
Institutional affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

\_\_\_\_\_  
(Area Code)-Telephone number

**Please mail this form directly to:**

**PHARMACEUTICAL SCIENCES GRADUATE PROGRAM  
MERCER UNIVERSITY  
COLLEGE OF PHARMACY AND HEALTH SCIENCES  
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