



REFERENCE FORM-APPLICANT
Masters in Pharmacy Administration:
Pharmaceutical Economics and Policy Residency Program

To the Applicant:

Each recommendation must include the completed Reference Form as well as a separate letter from your Recommender, written and signed on academic or business letterhead stationery. Recommendations should be requested from professors who are able to comment on your qualifications for graduate study and/or from employers who have knowledge of your work experience and abilities. Complete all sections below and enter your name on the Recommender's reference form. Deliver the present form with the Recommender's reference form directly to the recommender along with a stamped envelope addressed to:

Stéphanie Xueref
 Health Services Delivery and Technologies Area
 Pan American Health Organization / World Health Organization
 525 23rd Street, NW
 Washington, DC 20037

APPLICANT'S INFORMATION

Name: _____ Date of Birth: _____
Last First Middle Month - Day - Year

Street Address: _____

City: _____ State/Province: _____

Country: _____ Country/Zip Code: _____

RECOMMENDER'S INFORMATION

Name: _____ Title: _____

Institution: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Country/Zip Code: _____

Phone: _____ FAX: _____ Email: _____

List the Courses you have taken or functions you have performed under this recommender:

APPLICANT'S WAIVER OF RIGHT TO ACCESS

The United States Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his/her right of access to confidential letters or statements written on his/her behalf, if the recommendation is used solely for the purposes of admission, employment or the receipt of honors and if the candidate upon request is notified of the names of all persons making such recommendations on his/her behalf. The Ohio State University and PAHO do not require that you make such a waiver as a condition for admission or award of fellowship. However, you have the option of signing such a waiver as follows:

I hereby waive my right to access to this recommendation and any appropriate attachments which have been written by _____ (insert the name of the recommender) on behalf of my application to the Graduate School, The Ohio State University, and for award of a fellowship, if applicable. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship (if applicable)

Printed Name: _____ Signature: _____ Date: _____



REFERENCE FORM-RECCOMENDER
Masters in Pharmacy Administration:
Pharmaceutical Economics and Policy Residency Program

To the Recommender:

The applicant named below has applied for admission to the **Masters in Pharmacy Administration: Pharmaceutical Economics and Policy Residency Program**, a joint Masters Degree program offered by **The Ohio State University (OSU)**, in partner with the **Pan American Health Organization/World Health Organization (PAHO/WHO)**. Please complete this **Reference Form**, along with a separate **Recommendation Letter**, written and signed on your official academic or business letterhead stationery. Return both documents before the program application deadline of **July 1, 2003**. If you have not had the applicant as a student, please adapt items 3-6 below, if applicable, and explain your knowledge and assessment of the applicant in your recommendation letter. If you do not know this individual well, please feel free to say so.

_____ Applicant's Last or Family Name/Surname _____ Applicant's First Name _____ Applicant's Middle Name

Please complete the following information:

1) What is your relationship with the applicant? (Circle One)

Teacher/Professor **Employer/Supervisor** **Other** _____

2) Do you know the applicant well enough to give him/her a recommendation? (Circle one) **YES** **NO**

3) **SUMMARY EVALUATION**
 Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Circle One)

Outstanding (highest 5% compared to the best students) **Very Good** (highest 10%)

Good (upper 25% - ability easy to identify) **Average** (upper 50%) **Below Average** (lower 50%)

4) **RECOMMENDATION**
 I would make the following recommendation for the applicant's admission to the Masters Program: (Circle one)

Strongly Recommend **Recommend** **Recommend with Reservations** **Do not recommend**

5) Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?

YES **NO** **Don't Know** _____ (Circle one)

RECOMMENDATION LETTER INSTRUCTIONS

- A. Use only clearly identified official academic or business letterhead paper. This letter must be the original and signed by you
- B. Include the applicant's name on each page of the letter.
- C. Attach your letter to this Reference Form and send them so they arrive no later than the above-stated deadline.
- D. Describe the applicant's qualifications for graduate study. Please discuss topics such as :
 - Performance in study or work
 - Research interests
 - Capacity for analytical thinking
 - Ability to work with others
 - Ability to organize and express ideas clearly
 - Drive and motivation.

Recommender, please read and sign below:

I have read the Recommender information on the front of this Reference form, including the direct contact number, and have made any necessary corrections. My preferred direct contact information is:

Phone: _____ **Email:** _____

Printed Name: _____ **Signature** _____ **Date:** _____