



ACADEMIC REFERENCE

As a candidate for admission to St. Louis College of Pharmacy, you are requested to complete the upper portion of this academic reference as an aid to the final decision process. Please submit this form to your high school guidance counselor for completion.

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY

COUNTY

STATE

ZIP

I understand that this form will become a part of my permanent record.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR: Your candid assessment of this student is helpful in choosing from among highly qualified candidates. All responses will remain confidential. Please mail to:

Office of Admission | Enrollment Services | St. Louis College of Pharmacy | 4588 Parkview Place | St. Louis, MO 63110-1088

NAME OF SCHOOL

CITY

STATE

ZIP

(SEE REVERSE SIDE)

ACADEMIC REFERENCE

Compared to other college-bound students in his or her secondary school class, how do you rate this student in terms of his or her individual qualities?

	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCELLENT	NO BASIS
CREATIVE, ORIGINAL THOUGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENCE, INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN EXPRESSION OF IDEAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFECTIVE CLASS DISCUSSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISCIPLINED WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL FOR GROWTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIALLY WELL-ADJUSTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERACTS WELL WITH PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROJECTS POSITIVE ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECTS AUTHORITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONDS APPROPRIATELY TO CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate this student's prospects for success at St. Louis College of Pharmacy?

DOUBTFUL OF SUCCESS
 BELOW AVERAGE
 AVERAGE
 VERY GOOD
 EXCELLENT

Please present any additional information of value regarding this student:

SCHOOL OFFICIAL:

NAME

TITLE

PHONE NUMBER

SCHOOL OFFICIAL SIGNATURE

DATE