



# ST. LOUIS COLLEGE OF PHARMACY

## CHARACTER REFERENCE

**CONFIDENTIAL**

Founded 1864

**GENERAL INSTRUCTIONS:** As a candidate for admission to St. Louis College of Pharmacy, you are requested to complete the upper portion of this character reference as an aid to the final decision process. Please submit this form to a **Teacher, Professor, Principal, Business Associate** or **Pharmacist**. Upon acceptance for admission, this form will become a part of your permanent file.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As a candidate for admission, I request that this character reference be completed and forwarded to the Registrar/Director of Admissions, St. Louis College of Pharmacy, 4588 Parkview Place, St. Louis, MO 63110. I understand that this form will become a part of my permanent record. **I agree that this character reference information remain:**

**Open (available for review by applicant, if desired), OR**  **Closed (not available for review by applicant).**

Please check one only.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

St. Louis College of Pharmacy's primary commitment is to student learning, and our principal responsibility is the provision of excellence in professional education. We endeavor to achieve educational excellence by assuring that our students possess the abilities necessary to render pharmaceutical care. The personal quality of the individual is as important as the academic quality; therefore, the completion of this form by you as a character reference will help determine the eligibility of the above named applicant. Mail to the Registrar/Director of Admissions, St. Louis College of Pharmacy. All responses will remain confidential. Thank you.

YES NO UNKNOWN

Please check one on each line:

1. Does the applicant have a problem with intoxicants or drugs?
2. Does the applicant exhibit immoral or irregular conduct?
3. Is the applicant known by you to misrepresent the truth?
4. Have you known this person to engage in cheating or stealing?

**Please check one:** [ ] Recommended for admission  
[ ] Not recommended for admission  
[ ] Phone me  
[ ] I prefer not to make a recommendation

**Please check one:** [ ] I am well acquainted with the applicant  
[ ] I am moderately acquainted with the applicant  
[ ] I do not know the applicant

(Continued On Reverse)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above address and phone number apply to my [ ] home, [ ] office.

Please mail to:

**Registrar/Director of Admissions  
St. Louis College of Pharmacy  
4588 Parkview Place  
St. Louis, MO 63110**

**314-367-8700  
Fax: 314-446-8304  
<http://www.stlcop.edu>**

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