



ALL APPLICANTS MUST COMPLETE

# ST. LOUIS COLLEGE OF PHARMACY

## SCIENCE REFERENCE

**CONFIDENTIAL**

Founded 1864

**INSTRUCTIONS:** Submit this form to your high school science teacher for completion. S/he should then forward the completed form to:

Director of Admissions • St. Louis College of Pharmacy • 4588 Parkview Place • St. Louis, MO 63110

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

How would you rate the applicant in the following academic areas? (Please check the single most appropriate column for each category.)

Science Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Exceptional  
(One of the  
top few in  
my career)**

	Not Observed	(Top 50%)	(Top 25%)	(Top 10%)	(Top 2-3%)	
Creativity						
Independent/ Initiative						
Logical thinking ability.						
Intellectual ability- Application of concepts to specific problems.						
Academic achievement						
Ability to manage multiple tasks when needed.						
Work Ethic						
Potential for growth						
Character/ Common sense						
Study skills						
Overall Evaluation						