



CONFIDENTIAL

4588 Parkview Place
St. Louis, MO 63110-1088
314 367 8700 main
314 446 8304 fax
stlcop.edu
admissions@stlcop.edu

ACADEMIC REFERENCE

As a candidate for admission to St. Louis College of Pharmacy, you are required to submit this reference to supplement your admissions file. Please complete the indicated portion of the form and submit to your high school guidance counselor or academic advisor for completion.

TO BE COMPLETED BY THE APPLICANT

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

SIGNATURE:

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

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE

After completing this portion of the reference, submit the form to your guidance counselor or academic advisor for completion. Your counselor may return the form directly to:

Office of Admissions
St. Louis College of Pharmacy
4588 Parkview Place
St. Louis, MO 63110-1088
admissions@stlcop.edu

SEE REVERSE PAGE

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TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR OR ACADEMIC ADVISOR

Your candid assessment of this student is helpful in choosing among highly qualified candidates. All responses will remain confidential. Please submit your reference to the Office of Admissions at St. Louis College of Pharmacy at admissions@stlcop.edu.

SCHOOL: _____

NAME	CITY	STATE
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COUNSELOR NAME: _____ SIGNATURE: _____

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

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
MATURITY LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERBAL COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION AND INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESILIANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Based on your observations, what do you believe sets this student apart? Please share any specific strengths.

3. Based on your observations, do you have any concerns about this student's ability to succeed in a math- and science-focused curriculum?

4. Is there any other information you would like to share?