



MATHEMATICS 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 a math teacher 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 math teacher for completion. Your teacher 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

CONFIDENTIAL

TO BE COMPLETED BY MATH TEACHER

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.

SCHOOL: _____
NAME CITY STATE

TEACHER NAME: _____ **CLASS:** _____ **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
CRITICAL THINKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATION IN DISCUSSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCTUALITY AND DEADLINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSEVERANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN COMMUNICATION	<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"/>
ASKS FOR HELP WHEN NEEDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Based on your observations, what are this student's greatest 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?