

PhD LETTER OF RECOMMENDATION



UNIVERSITY
of HAWAII®
HILO



Application Year: 20__

University of Hawai'i at Hilo
The Daniel K. Inouye College of Pharmacy
PhD in the Pharmaceutical Sciences

INSTRUCTIONS FOR THE APPLICANT

Please complete the information below and provide this form to each person who will write a recommendation on your behalf.

Name of Applicant:
Applicant Date of Birth:
Applicant Email:
Name of Recommender:

I understand that the Family Education Rights and Privacy Act of 1974 grants students the rights to have access to their letters of recommendation. I understand that if I waive my right to view this recommendation such action is irrevocable and I will not be permitted to view or otherwise obtain any information contained in this letter.

I waive my right of access to this letter of recommendation.

I do not waive my right of access to this letter of recommendation.

Signature _____ Date _____

(By entering your name on the line above, you agree that it is the same as your signature)

INSTRUCTIONS FOR THE RECOMMENDER

Personal references are an important part of the PhD Program application process and are carefully reviewed. The PhD Program is an intensive program of study. We wish to select students whose personal attributes and abilities indicate that they have a potential for success in a rigorous post graduate program. We appreciate you taking the time to candidly and thoughtfully answer the following questions about the applicant. **You may use the form below or preferably attach a letter to this form using your own letterhead.**

Recommender's Name:	
Position/Title:	
Name of Organization:	
Address:	
Phone:	Email:

After completing the Letter of Recommendation, please return this form directly to the PhD program via email or mail (please do not return to the student):

UH Hilo The Daniel K. Inouye College of Pharmacy
Office of Student Services, PhD Program Admissions
200 W. Kawili Street; Hilo, HI 96720-4091

pharmacy@hawaii.edu

Please direct questions to 808-932-7700.

1. How long have you known the applicant and in what capacity? How frequent is/is/was your interaction with the applicant?

2. Please rate the applicant qualities and characteristics, if appropriate:

	Excellent	Good	Average	Below Average	Poor	Unable to Assess
Academic Competence						
Maturity (responsible, independent, reliable)						
Motivation (perseverance)						
Leadership (ability to lead and work with others)						
Communication (both verbal and written)						
Analytical Ability (potential as a researcher)						

3. Please provide additional comments which will help the Admissions Committee assess the applicant's strengths, weaknesses, academic abilities and personal qualities particularly as it might apply to undertaking a PhD program. You may use the space below or preferably attach a letter using your own letterhead.

4. Overall recommendation for acceptance to the PhD Program:

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend