

**University of Kentucky College of Pharmacy
Recommendation Form
Summer 2025 Research Program in Pharmaceutical Sciences**

Please return directly email to:

Ms. Catina Barnes, Summer Research Program
Coordinator catina@uky.edu

A. To be completed by applicant before giving this form to person writing recommendation.

Name of Applicant: _____

Person Providing Recommendation: _____

Title: _____

Institution/Employer _____

The Family Educational and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award.

Please sign one (and only one) of the two statements below:

I hereby waive any right to inspect
this recommendation

If admitted to the Summer 2025 program, I
reserve the right to inspect the recommendation
submitted by the person to whom this form is being
given.

Applicant Signature Date

Applicant Signature Date

B. To be completed by the person providing the recommendation.

1. I have known the applicant for approximately _____ (months/years).

2. My relationship with the applicant was (is) _____
_____ Faculty advisor
_____ Course instructor
_____ Employer
_____ Other (specify)

3. I know the applicant _____ Very well
_____ Fairly well
_____ Only casually

Please rank the candidate in the following categories, in comparison to his/her contemporaries:

| | Poor 0-50% | Fair 50-70% | Average 70-80% | Very Good 80-90% | Outstanding 90-100% | Insufficient Knowledge |
|--|---------------|----------------|-------------------|---------------------|------------------------|---------------------------|
| Communication Skills | * | * | * | * | * | * |
| Writing skills in English | | | | | | |
| Oral skills in English | | | | | | |
| | | | | | | |
| Background Knowledge | * | * | * | * | * | * |
| Overall academic ability | | | | | | |
| Knowledge in physiology and/or pharmacology | | | | | | |
| Knowledge in chemistry and/or biochemistry | | | | | | |
| | | | | | | |
| Knowledge Application | * | * | * | * | * | * |
| Laboratory skills | | | | | | |
| Application of knowledge | | | | | | |
| Originality and resourcefulness | | | | | | |
| | | | | | | |
| Professional Skills | * | * | * | * | * | * |
| Motivation | | | | | | |
| Enthusiasm for science | | | | | | |
| Perseverance | | | | | | |
| Organizational skills | | | | | | |
| Integrity | | | | | | |
| Ability to work independently | | | | | | |
| Ability to work with others | | | | | | |

What are the major strengths of the candidate in terms of ability or character that would be predictive of success in the Summer Pharmaceutical Sciences Research Program? *A letter, on institution letterhead, can be included.*

Signature of person
providing recommendation

Date