



Contingent Admit Program - Faculty Recommendation Form

Arrange to have your “**Faculty Recommendation Forms**” sent directly to the **Xavier University Office of Admissions** by the recommenders. The recommendations **must** be from science or mathematics instructors who have taught the applicant at the high school or college level. Recommendations must be submitted using this form. Letters are not acceptable in place of this form. **Unacceptable recommendations will render the application incomplete; such applications will not be given further consideration for admission. All recommendations are due on or before April 15th.**

To the applicant: Complete the information below and give the signed form to an appropriate recommender for completion. The recommender is responsible for mailing the form to the Office of Admissions.

Applicant’s Name: Last _____ First _____ MI _____
(PLEASE PRINT) (PLEASE PRINT)

Social Security: _____ Phone: _____

(Please Select One) I do I do not **waive my right of access to this Recommendation Form.**

Signature: _____ Date _____

To the evaluator: Please return this form in an institutional envelope to the Xavier University of Louisiana Office of Admissions. The applicant must not have access to the completed recommendation.

Evaluator’s Name: Last _____ First _____
(PLEASE PRINT) (PLEASE PRINT)

Institution: _____ Phone: (_____) _____ - _____

Science Instructor

Mathematics Instructor

Length of association with applicant: _____ **Year(s)/Month(s)** _____

Course(s) and year you taught the applicant _____

Please rate the applicant’s abilities.

Characteristics	Poor	Average	Good	Very Good	Outstanding	Unable to Evaluate
Motivation for Pharmacy						
Written Communication						
Oral Communication						
Emotional Stability/ Behavior Under Pressure						
Ability to Work with Others						
Self-confidence						
Responsibility						
Academic Study Habits						
General Appearance						
Overall Rating						

Have you ever questioned the applicant's integrity? Yes No (If yes, please explain)

Last Name: _____ First Name: _____ SSN _____

What are the applicant's strengths? _____

What are the applicant's weaknesses? _____

I feel that his/her grades are _____ are not _____ representative of his/her ability. If not, please explain.

What have you observed that leads you to believe that this student is an inquisitive, thorough, and persistent scholar who is capable of successfully completing a pharmacy degree?

Please submit any additional comments or information that would assist in the evaluation of this applicant.

What is your recommendation to the Admissions Review Committee regarding this applicant's admission?

- Strongly recommend Recommend Recommend with reservation
 Do not recommend

Signature: _____ Title/ Position _____ Date: _____

High School/College _____

This recommendation form is due by April 15th. Recommendation forms received after the due date will not be considered. Faxed recommendations are not acceptable.

Please mail form to:

Xavier University of Louisiana
College of Pharmacy
Office of Student Affairs
1 Drexel Drive
New Orleans, LA 70125
copcap@xula.edu