

SCPhA Junior Board Member Program

Personal Reference Form

Please submit this form via fax or email on or before March 30, 2018.

Fax: 803.354.9207 Email: katharine@scrx.org

Applicant's Name _____ School _____

If you do not feel you know the applicant well enough to provide a recommendation, please check here

*Please note, such frankness will not prejudice the candidate's chance for admission.

1. Please describe any contact you have had with the applicant. (Max. 300 words)

2. **General scholarly ability.** In comparison with a representative group of applicants in the same field who have had approximately the same amount of experience and training, how do you rate this applicant in general scholarly ability?

Outstanding (Comparable to the best in peer group; highest 5%)

Very Good (Next highest 10%)

Good (Ability easily identifiable; in upper 25%)

Average (50 – 75% of peers)

Below Average

5. Do you have any additional comments to help us better understand the applicant's strengths and weaknesses? If applicable, please distinguish between scholarly ability and professional communication. (Max. 300 words)

6. How would you rate this student's commitment to the profession? (circle one)

1 2 3 4 5 6 7 8 9 10

Comments (optional):

7. Your recommendation for this applicant's admission to the Junior Board Member program is very important to us. Please select your choice below.

I would strongly recommend

I would recommend with reservations

I would recommend

I would not recommend

Your Information:

Name

Date

Signature

Title/Occupation

Employer

Mailing Address

Email Address

Phone Number
