



# Qatar University College of Pharmacy

*"Qatar's First"*

## Letter of Reference Form Doctor of Pharmacy Program

**Applicant Name:**

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### **TO THE APPLICANT:**

Select three referees who are able to objectively rate you on the majority of the criteria listed below. Ask the referee to complete the form in confidence and send by email attachment to [pharmd@qu.edu.qa](mailto:pharmd@qu.edu.qa). The email must be sent using the referee's business email address that is identified on the application form. Once received, we will respond by email to the referee to confirm receipt of their letter of reference form.

### **TO THE REFEREE:**

This individual is applying for a seat in the Qatar University College of Pharmacy Doctor of Pharmacy Program. Admission is competitive and will be based upon undergraduate GPA, English proficiency score, Qatar licensure score, assessment of baseline knowledge, skills, attitudes and values, interview, letters of reference and related factors.

Annual enrollment into this program is limited and we are seeking students who wish to build on the knowledge, skills, attitudes and values developed during their undergraduate degree experience, to become highly proficient in the delivery and evaluation of pharmaceutical care, and to further advance the practice of pharmacy. For further information, please visit our website at [www.qu.edu.qa/pharmacy/program/PharmD\\_Program.php](http://www.qu.edu.qa/pharmacy/program/PharmD_Program.php).

Please provide the following information:

1. How long have you know the applicant? \_\_\_\_\_ Months

2. What is your relationship to the applicant?

\_\_\_\_\_ Academic Advisor

\_\_\_\_\_ Professor

\_\_\_\_\_ Employer

\_\_\_\_\_ Other Professional (describe: \_\_\_\_\_ )

3. Rate the applicant's background and work habits (check one box per ability):

Ability to:	Unable to Judge	Poor	Acceptable	Good	Very Good	Exceptional
Work independently						
Demonstrate organization, accuracy and efficiency						
Demonstrate originality and initiative						
Demonstrate dedication						
Demonstrate knowledge in chosen field						

4. Rate the applicant's communication skills:

Ability to:	Unable to Judge	Poor	Acceptable	Very Good	Exceptional
Speak clearly and concisely					
Write clearly and concisely					
Speak with confidence					

5. Rate the applicant's interpersonal skills (working in group):

Ability to:	Unable to Judge	Poor	Acceptable	Very Good	Exceptional
Work well with others					
Treat people with respect and courtesy					
Demonstrate leadership skills					
Be considerate and thoughtful of others					

6. In your opinion, what particular attributes or qualities does this applicant possess that would make this individual a good candidate for this program and for a future career in advanced pharmacy practice?

7. If you are in the academic field and this individual was applying for graduate studies in your program, would you accept him/her?

8. What is your overall strength of recommendation?

\_\_\_\_\_ I am strongly supportive of this application

\_\_\_\_\_ I am supportive of this application

\_\_\_\_\_ I am only mildly supportive of this application

\_\_\_\_\_ I cannot support this application

**REFEREE (please print):**

Name: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Institution/Department: \_\_\_\_\_

Landline #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this form in confidence, please send by email attachment to [pharmd@qu.edu.qa](mailto:pharmd@qu.edu.qa). Do not provide to the applicant. The email must be sent using your business email address that is identified on the application form. If you have any questions, please contact us at the same email address or by telephone at (+974) 4403-5554/6/7/8.

ON BEHALF OF THIS APPLICANT, OUR COLLEGE AND THE  
QATAR UNIVERSITY, WE THANK YOU FOR YOUR  
CONTRIBUTION TO THIS ADMISSION PROCESS