



Founded 1864

ALL APPLICANTS MUST COMPLETE

ST. LOUIS COLLEGE OF PHARMACY

ACADEMIC REFERENCE

CONFIDENTIAL

INSTRUCTIONS: Complete the top portion of this form and then submit it to your high school guidance counselor for completion. S/he should then forward the completed form to:

Director of Admissions
St. Louis College of Pharmacy
4588 Parkview Place
St. Louis, MO 63110

Applicant's Name _____
Last First Middle Social Security No.

Address _____

City _____ State _____ Zip _____

I understand that this form will become a part of my permanent record.

Applicant Signature Date

Student Academic Information: (To be completed by school official)

1. _____
Name of School City State Zip

2. Student class rank _____ of _____ seniors.

3. Cumulative grade point average (grade 9 to present) _____ On a 4.0 scale _____
(Please convert if necessary)

4. ACT: English ____ Math ____ Reading ____ SCI Reasoning ____ Composite ____

SAT: Verbal ____ Math ____ TSWE ____

Please continue on reverse side ➡

RATINGS:

Compared to other college-bound students in his or her secondary school class, how do you rate this student in terms of:

	No basis	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
Creative, original thought								
Motivation								
Self-confidence								
Independence, initiative								
Intellectual ability								
Academic achievement								
Written expression of ideas								
Effective class discussion								
Disciplined work habits								
Potential for growth								
Well adjusted socially								
Interacts well with peers								
Projects positive attitude								
Respects authority								
Responds appropriately to criticism								

How would you rate this student's prospects for success at St. Louis College of Pharmacy?

- Doubtful of Success
 Below Average
 Average
 Above Average
 Outstanding

Please present any additional information of value regarding this student. _____

Name and Title of School Official _____

_____ Date

_____ Signature of School Official

School Official Telephone #: _____