

## ACADEMIC REFERENCE

As a candidate for admission to St. Louis College of Pharmacy, you are required to submit this reference to supplement your admissions file. Please complete the indicated portion of the form and submit to your high school guidance counselor for completion.

### TO BE COMPLETED BY THE STUDENT

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**NAME:**

LAST

FIRST

MIDDLE

**ADDRESS:**

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

**SIGNATURE:**

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

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STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE

After completing this portion of the reference, submit the form to your guidance counselor for completion. Your counselor may return the form directly to:

Office of Admissions  
St. Louis College of Pharmacy  
4588 Parkview Place  
St. Louis, MO 63110-1088  
admissions@stlcop.edu

**CONFIDENTIAL**

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

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Your candid assessment of this student is helpful in choosing among highly qualified candidates. All responses will remain confidential. Please submit your reference to the Office of Admissions at St. Louis College of Pharmacy.

SCHOOL: \_\_\_\_\_  
NAME CITY STATE ZIP

COUNSELOR NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

1. Compared to other college-bound students in his or her graduating class, how do you rate this student in terms of individual abilities or qualities?

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
MATURITY LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERBAL COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION AND INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESILIANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Based on your observations, what do you believe sets this student apart? Please share any specific strengths.

3. Based on your observations, do you have any concerns about this student’s ability to succeed in a math- and science-focused curriculum?

4. Is there any other information you would like to share?