UNIVERSITY of IOWA
CARVER COLLEGE
OF MEDICINE

University of Iowa Health Care

Department of Pharmacology

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GRADUATE ADMISSION RECOMMENDATION FORM

TO THE APPLICANT – Complete items 1-4 and then give this form to the person you are asking to recommend you.

1. Name_____
   last name first name middle

2. Name of your evaluator_____

3. Buckley Amendment Waiver

   ☐ I waive my right of access provided by the Family Educational Rights and Privacy Act of 1974 to view this recommendation form in my file.

   ☐ I do not waive my right of access to view this recommendation form in my file.

4. Signature_____ Date_____

TO THE EVALUATOR – Please attach a letter of recommendation printed on letterhead to assist us in judging this applicant's potential for graduate study. In your evaluation of the applicant, we would greatly appreciate reference to the following areas:

- Type and duration of association with you
- Degree of competence in general and/or specific courses
- Ability to apply knowledge in courses, research or teaching
- Originality in formal work, research or teaching
- Independence in scientific work
- Motivation toward a scientific career in pharmacology
- Maturity and emotional stability; compatibility with others
- Effectiveness in oral and written communication
- Comparison with peers regarding overall ability

It would be in the applicant's best interest to have your recommendation submitted within two weeks of the time that you receive the request. Applications to be considered for admission in the fall 2008 semester must be ***received by January 15***. Please address letters of recommendation to:

Stefan Strack, Ph.D. - Director of Graduate Admissions
Department of Pharmacology (2-432 BSB)
Roy J. and Lucille A. Carver College of Medicine
51 Newton Road
Iowa City, IA 52242-1109

Evaluator's Signature Date

Position or title