West Virginia University
SCHOOL OF PHARMACY

OFFICE OF STUDENT SERVICES
PO Box 9500 • 1122 Health Sciences North
Morgantown, WV 26506-9500
P: 304.293.1894 F: 304.293.1447

Request for Letter of Recommendation

An applicant to our program has notified us that you are willing to write a letter of recommendation on his/her behalf. We appreciate your willingness to submit a recommendation as this serves to supplement the student's academic record and thus assist the Admissions Committee in making difficult choices. Your candid evaluation in relating the student to his/her classmates will be greatly appreciated. Additionally, the Admissions Committee appreciates your timely response as recommendations must be postmarked by March 1, 2017.

Applicant Waiver Form:

- The applicant has been instructed to provide you with the applicant waiver form completed below.

Recommendation Form:

- The recommendation form has been placed online for your convenience. Please visit http://pharmacy.hsc.wvu.edu/student-services/pharmd-admissions/, next click on "For the Applicant" and then click on "Recommendation Form." Below are two ways to submit the forms to the School:
  - Email the "Student Signed Applicant Waiver Form" and "Recommendation Form" to Shelly Lipscomb at shelly.lipscomb@hsc.wvu.edu.
  - Mail the "Student Signed Applicant Waiver Form" and "Recommendation Form" to the address noted above. Additionally, please write your signature across the sealed area of the envelope.

If you have any questions, please do not hesitate to contact the Office of Student Services at 304-293-1894.

Sincerely,

Travis G. White, Pharm.D., BCACP
Chair, Admissions Committee

Applicant Waiver Form – to be completed by the applicant:

Applicant Name: _____ PharmCAS Number: _____

Name of Individual Providing Recommendation: _____

The 'Family Education Rights and Privacy Act of 1974 (FERPA) provides applicants the right to access to letters of reference written after January 1, 1975, unless they choose to waive their right of inspection and review. Prior to submitting this form to the reference writer, you, the applicant, must indicate whether you wish to waive your right.

I DO_____ I DO NOT _____ waive my right of access to this reference letter.

_____ _____
Signature of Applicant Date