



Qatar University College of Pharmacy

"Qatar's First"

Letter of Reference Form MSc (Pharm) Program

Applicant Name:

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 mscpharm@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 MSc (Pharm) Program. Admission is competitive and will be based upon undergraduate GPA, English proficiency score, Graduate Record Examination (GRE), interview, relevant research experience, letters of reference and related factors.

Annual enrollment into this full-time program is limited and we are seeking students who demonstrate academic potential, a motivation to study in the pharmaceutical sciences, and the qualities and skills necessary to contribute to this discipline at an advanced level.. For further information regarding the program, please visit our website at www.qu.edu.qa/pharmacy/program/MSc_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 him/her a good candidate for this program and for a future career in this specialty area?

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 mscpharm@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