

Does the applicant possess any special assets that should be noted?

Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in a residency program?

Other comments:

Recommendation concerning admission (check one):

- I highly recommend this applicant. I recommend this applicant, but with some reservation.
- I recommend this applicant. I am not able to recommend this applicant.

Signature of Recommended

Date

(Name typed or printed)

(Title and affiliation)

(Street address or PO Box)

City State Zip Code

Telephone Number

**American Society of Health System Pharmacists
Standardized Residency Applicant Recommendation Request Form**