

***The University of Kansas Non-Traditional Pharm.D. Program***

**Recommendation List**

**Applicant Name** \_\_\_\_\_

Provide names and addresses of three professionals who can be contacted for recommendations relative to your professional practice if needed. This form must be signed by the applicant.

Name _____ Degree _____ Address _____ City, State _____ Telephone _____ E-Mail (if available) _____
Name _____ Degree _____ Address _____ City, State _____ Telephone _____ E-Mail (if available) _____
Name _____ Degree _____ Address _____ City, State _____ Telephone _____ E-Mail (if available) _____

*I understand that the people submitted may be contacted regarding my application and I waive the right to review their comments and recommendations.*

\_\_\_\_\_  
**Signature of applicant**