



RCSI SCHOOL OF
PHARMACY

RCSI KIRAN PATHAK PHARMACY SCHOLARSHIP CONFIDENTIAL ACADEMIC REFERENCE FORM

This reference must be completed by your Guidance Counsellor / Class Teacher /
School Principal and returned in a sealed envelope.

NAME OF RCSI KIRAN PATHAK PHARMACY SCHOLARSHIP APPLICANT

ACADEMIC REFEREE DETAILS

Name:

School:

Address:

Position in School:

Contact No:

Are you related to the candidate:

Yes:

No:

How long have you known the candidate:

Years

ASSESSMENT OF CANDIDATE BY ACADEMIC REFEREE

1. Your assessment of the candidate's interest in Pharmacy:

2. Your assessment of the candidate's academic promise:

3. Your assessment of the all around ability, potential, motivation and commitment of the candidate to complete this challenging full time course of study successfully:




4. Any other information you consider relevant to the candidate's application:



Signed:

Date:

Should you wish to complete this academic reference in a Word or PDF document please attach here.

RCSI Kiran Pathak Pharmacy Scholarship
RCSI Admissions Office,
Royal College of Surgeons in Ireland,
Coláiste Ríoga na Máinleá in Éirinn,
123 St Stephen's Green, Dublin 2