



RCSI

RCSI KIRAN PATHAK PHARMACY SCHOLARSHIP CONFIDENTIAL ACADEMIC REFERENCE FORM

This reference must be completed by your Guidance Counsellor, Class Teacher or School Principal.

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

Year of Candidate's Leaving Certificate:

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.

This form should be returned by the Academic Referee directly to RCSI either by post to the below address or by email to admissions@rcsi.ie (please mark the envelope as Confidential or include this in the subject line of the email).

RCSI Kiran Pathak Pharmacy Scholarship

RCSI Admissions Office, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2