The University of Utah
College of Pharmacy

PHARMACIST SHADOWING DOCUMENTATION FORM

(Part of the University of Utah College of Pharmacy Doctor of Pharmacy Admissions Application)

To be filled out and mailed by supervising pharmacist of shadow-student.

Name of Shadow-Student:	Name of Pharmacist:
Name of Pharmacy where shadowing occurred:	
Address of Pharmacy:	Dates of shadowing experience:
Phone number of Pharmacy:	Total Hours:

Please comment on the student's performance regarding punctuality, motivation and professionalism:

Signature of Pharmacist: _____

Today's Date: _____

Please return to: College of Pharmacy Admissions Committee
30 S 2000 East, Rm. #205
Salt Lake City, UT 84112

The University of Utah College of Pharmacy Admissions Committee thanks you for providing this helpful information.