

VCU SOP Pharm.D./Ph.D. Program Interview Form

Date of Interview: _____

Applicant: _____

Interviewer: _____
(must be Pharm.D./Ph.D. Subcommittee Member)

Please carefully assess and rate the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Motivation	0	0	0	0	0
Oral Communication Skills	0	0	0	0	0
Scientific Competence	0	0	0	0	0

Please provide any additional comments: