

International-Trained PharmD (ITPD) Program
PROFESSIONAL SPONSORSHIP FORM

University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

One professional sponsorship letter, using this form, is required with each ITPD application. A professional sponsor should be from a person who will attest to their support of your pursuit of the ITPD degree, and your plans for expanding the practice of patient-centered pharmacy care in your home country. This sponsorship does not require financial sponsorship. If your professional sponsor is also serving as a reference they must submit a separate letter of recommendation (using the Letter of Recommendation Form).

Professional Sponsorship Letters submitted in lieu of this form will not be accepted.

TO BE COMPLETED BY THE APPLICANT:

Applicant: _____	Date: _____
Complete Name	
Address: _____	Phone: _____
Street	
_____	_____
City, State, Zip, Country	Passport Number (for tracking purposes)
WAIVER OF RIGHT OF ACCESS TO LETTER OF REFERENCE	
The applicant must complete the following statement before submitting the form to the sponsor. This request is in compliance with Federal Law P.L. 93-380 (Family Education and Privacy Act of 1974).	
<input type="checkbox"/> Professional Sponsorship Form is confidential. I hereby voluntarily waive any right of access to this form.	
<input type="checkbox"/> Professional Sponsorship Form is not confidential. I do not waive my right of access.	
_____	_____
Applicant Signature	Date

TO BE COMPLETED BY THE PROFESSIONAL SPONSOR:

The individual above has applied for admission to the University of Colorado School of Pharmacy. Your sponsorship is critical to our admission process. We request that you make every effort to respond objectively to our questions regarding this individual. We request that you provide us with some thoughtful feedback on the applicant's ability to expand patient centered pharmacy care in their home country.

You may send a letter or statement in addition to this form; however, we require that you also complete the following sections. After you complete the form, **please email directly to the Distance Degrees and Programs office at ntpd@ucdenver.edu**. Thank you for your assistance.

YOUR REALTIONSHIP TO THE APPLICANT

How well do you know the applicant? Not well acquainted Slightly Fairly Well Very Well

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please describe how you are qualified to be this applicant's sponsor. _____

