

Texas Southern University
College of Pharmacy and Health Sciences
Health Administration Program
RECOMMENDATION FORM

Applicant's Name: _____ Social Security No. _____

TO THE RECOMMENDER: The above-name student has applied for admission to the Health Administration Program. Someone who has previously taught this student has known the applicant for at least one year period must complete this section. We appreciate your frank appraisal of the student. Your recommendation may be given to the student in a sealed envelope or you may mail it to Texas Southern University, College of Pharmacy and Health Sciences, 3100 Cleburne Houston, Texas 77004

1. How long have you known the applicant? _____
 2. In what capacity have you known the applicant? _____

Please indicate your evaluation of the student on the following characteristics in comparison with other students in his/her class. The applicant should be rated on a scale of 1 – 10 with 10 representing an excellent rating. In some cases where you are unable to rate a particular area, please enter a 0 which will indicate unknown.

CATEGORY	1	2	3	4	5	6	7	8	9	10
Personal Appearance										
Academic Appearance										
Self-Confidence										
Work Habits										
Motivation Towards Health Administration										
Seriousness of Purpose										
Potential for Contribution to Fields										
Resourcefulness and Initiative										
Emotional Maturity										
Adaptability to New Situation										
Proficiency with English										

I would consider the applicant's overall success at the College of Pharmacy and Health Sciences:

_____ Poor _____ Below Average _____ Good _____ Outstanding

Thank you for your assistance. Please give this form to:

Texas Southern University
College of Pharmacy and Health Science
Department of Health Sciences
Health Administration Program
3100 Cleburne
Houston, Texas 77004

Signature _____ Date _____

Title _____ Employer _____

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