

RECOMMENDATION FOR GRADUATE STUDY

Masters of Health Administration Program
Department of Public Health
College of Health
University of North Florida
4567 St. Johns Bluff Road, South
Jacksonville, Florida 32224
904 620-2840

Notice to the Applicant

1. Please complete Part I.
2. Forward this form to the individual who will serve as your reference. Include with the form a stamped envelope, addressed to the Masters of Health Administration (MHA) program at the address above.

Part I

Name of Applicant _____
Last First Middle Initial

Social Security Number _____

Name of reference (please print) _____
Last First Middle Initial

Reference occupation: _____

Confidentiality. The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, and University guidelines permit enrolled graduate students access to letters of recommendations retained in their files. The applicant may waive this right of access, in which instance, retained letters will be considered confidential and will not typically be available to students. Waiver of these rights is not a condition of admission, or of receiving financial aid or any other benefit. If you wish to waive your right of access to this letter, please indicate by signing your name on the line below. **By signing below, you agree to waive all right to review the content of this letter of recommendation.**

 Applicant Signature Date

Notice to the Recommender

The above named individual is applying for graduate study in the MHA Program at the University of North Florida. The Program seeks to admit highly qualified applicants who demonstrate potential for success in graduate education. When evaluating potential applicants, information supplied by individuals with knowledge of the applicant's abilities and accomplishments, is given serious consideration. Please complete Parts II and III and mail this form to the MHA Program at the address noted above.

Part II

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

How does the applicant compare with other graduate school applicants you know personally? Please rate the applicant in the following categories:

	Poor	Below Average	Average	Above Average	Out-standing	Not Able to Judge
Academic / Performance						
Oral Communication						
Written Communications						
Critical Thinking Skills						
Analytical Thinking						
Commitment to Advanced Education						
General Preparation for Graduate Work						

After completing this section, please turn to the other side of this page.

Part III

Please comment on specific talents the applicant has demonstrated in research, writing, or teaching. We also welcome comments concerning the applicant's academic, personal, and professional qualities which reflect his/her ability to engage in graduate study. If you wish, you may attach a separate letter instead of using this form.

Signature of Recommender

Title