

Professional reference forms must be completed by someone who is not a relative.

Part 1: To the Applicant (Please complete the entire page):

Please enter your name and address below, provide information on your recommender, complete the Waiver of Rights to Access (if you choose), then give this reference form to the person who will provide your recommendation.

Applicant’s Information

Name: _____ Title: _____

Place of Employment: _____

Address (City State Zip): _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Important: At least one direct contact number must be supplied for verification purposes.

If this is an academic reference, please list the courses you have taken under the direction of this recommender:

Course Number	Course Title	When Taken	Grade

Applicant’s Waiver of Rights to Access

The Family Education Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his/her right of access to confidential letters or statements written in his/her behalf if the recommendation is used solely for the purposes of admission if the candidate, upon request, is notified of the names of all persons making such recommendations on his/her behalf. The Graduate Council does not require that you make such a waiver as a condition for admission. However, under the legislation you have the option of not signing such a waiver as follows:

- Yes, I will waive my rights to access (sign below).
- No, I do not waive my rights to access.

Waiver:

I hereby waive my rights to access this recommendation and appropriate attachments that have been written by _____ (name of recommender) on behalf of my application for graduate admission to Mount Vernon Nazarene University. The waiver is effective as the recommendation is used solely for the purpose of admission.

Applicant’s Signature: _____ Date: _____

Part 2: To the Recommender *(Please complete the entire page):*

The person whose name appears on the front of this form is applying for admission to the Master of Science in Management - Health Care Administration. Your candid assessment of the applicant will greatly assist us in making a decision which is good for both the applicant and the program. We appreciate your time and effort.

1. What is your relationship with the applicant? Teacher/Professor Employer/Supervisor Other
I have known the applicant for approximately _____ years _____ months.
2. What do you consider to be the applicant’s strengths, talents, or positive personal characteristics?

3. What do you consider to be the applicant’s weaknesses or challenges?

4. How will a graduate education help the applicant realize his/her goals?

5. Summary Evaluation: Using the chart below, please rate the applicant relative to others you have known in a similar capacity.

	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Academic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills: oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills: written	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility in work-related situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to analyze problems and formulate solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General knowledge level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for the proposed program of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommender (please sign below):

Printed Name: _____

Signature: _____

Date: _____

Please mail or email your reference to the enrollment counselor as instructed.



ADULT AND GRADUATE STUDIES