

RECOMMENDATION FORM
Master of Health Administration

For Admission to Graduate Studies at Montana State University-Billings

Under the Family Education Rights and Privacy Act of 1974, the candidate named below will have access to this recommendation unless he/she has waived that right by signing below. If the waiver is signed, this recommendation will be kept confidential from the candidate.

To the Applicant: Complete this section and sign. Please print the following information

Candidate's Name: _____

ID# _____ Phone # _____

I Waive Do Not Waive my right to review this letter of recommendation.

Signature _____ Date _____

To the Writer: Please complete this form and attach it to your letter of recommendation.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please check one rating for each criterion.

	Outstanding	Above Average	Average	Below Average	Unable to rate
Originality and intellectual creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills and critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for lifelong learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to contribute to Health Care Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to working with socially and ethnically diverse groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE USE REVERSE TO FURTHER EXPLAIN ANY OF THE ABOVE.

Writers Name: _____

Organization: _____

Title: _____

Address: _____

Phone: _____ Email: _____

II. Letter of Recommendation

In the space provided or as a separate letter, please assist in providing a complete picture of the applicant's ability and potential by making some observations on such matters as capacity for graduate study, present achievements, and job competence. Comment upon any personal interest that might lead to a better understanding of the applicant.

Signature of Respondent: _____

Date: _____
