Department of Interdisciplinary Studies

MS Professions Education

MS Health Care Management

MSHS Aging

BS Health Sciences



**Applicant Recommendation**

School of Health Professions – Office of Admissions

Stanley S. Bergen Building

65 Bergen Street – Room 353

Newark, NJ 07107

**To the Applicant:**

Please provide your name, specify the Program you are applying to *and check one of the privacy statements provided.* Then sign, date and forward this form to the individual providing your recommendation.

|  |  |
| --- | --- |
| Full Name (Print):  | Program Applied to: [ ]  MHS |
| [ ]  | I wish to have access to this form and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. *1323* g (a) and P.L. 397 of 1978, I have the right to read this recommendation.  |
| [ ]  | I wish this form to be confidential and hereby waive any and all access rights granted me by the above laws to this recommendation.  |
| Applicant’s Signature:  | Date:  |

**To the Applicant’s Supporter:**

The above applicant is seeking admission to the Rutgers-School of Health Professions and is requesting that you provide a recommendation. Please note that the applicant has specified above whether or not they will have access to this form and any ratings or comments you provide.

If you agree to these conditions, please provide your recommendation by (1) checking the box in the column that corresponds to your rating of the applicant on each of the listed attributes, using the scale provided; (2) providing your summary recommendation, and (3) *if needed*, elaborating in writing on any aspect of your assessment, using the rear of this form. After providing your personal information**, please mail the form to: *School of Health Professions; Office of Admissions; 65 Bergen Street, Room 149; Newark, NJ 07107-3001.***

|  |  |
| --- | --- |
| **Attribute** | **Rating** |
| Outstanding | Good | Satisfactory | Unsatisfactory | Not Observed |
| Application of Knowledge | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Decision Making Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Analytical Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Conceptual Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Communication Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Interpersonal Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Organizational Ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Leadership Ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Initiative/Motivation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adaptability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Dependability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to Work Independently | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Judgment | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Summary Recommendation****(check one)** | Highly Recommended | Recommended | Recommended with Reservations | Not Recommended |
| [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| Name (Print):  | Title:  | Date:  |
| Signature:  | Relationship to Applicant:  |
| Institution/Organization:  | Contact Information (phone, e-mail, etc):  |

*If needed,* please elaborate in writing on any of your ratings or your recommendation on the rear of this form.