Chicago State University

Department of Health Studies

Student Recommendation Form

To Applicant: Please complete the upper portion of the Recommendation Form and forward it to a supervisor or professor who is acquainted with your work.

Applicant’s Full Name______________________________________________________________

UID: _____________________________________________________________________________

Name of the Person Completing the Form______________________________________________

Title of the Person Completing the Form

Family Educational Rights and Privacy Act of 1974

The purpose of this recommendation is to assist in making the admissions decision. Under the provisions of this act you have the right, if you enroll in Chicago State University’s professional Sequence Program in Community Health, to see your recommendations. The act further provides that you may waive your right to see the recommendations filed for admission. Please circle your choice and sign your name whether or not you wish to waive this right.

I waive , I do not waive my right of access that I may have to this recommendation form

Signature____________________________________________________

Date____________________________________________________

Recommender________________________________________

The applicant whose name appears above has applied for admission to the Community Health Professional Sequence at Chicago State University. Please attach typed answers on letterhead to EACH of the questions below and fill out the checkboxes on back. When complete, return in a sealed envelope with your signature across the back flap to applicant. Please identify each question by number on your letter.

1. How long and in what capacity have you known the applicant? __________________________

2. What do you consider the applicant’s strengths? ______________________________________
3. Please describe any weaknesses that might impede the applicant’s ability to pursue rigorous graduate study.

_____________________________________________________________________________________
_____________________________________________________________________________________

4. Please describe how you have observed the applicant’s writing and comment on his/her ability.

_____________________________________________________________________________________
_____________________________________________________________________________________

5. Please describe a specific situation in which you have observed the applicant using (or not using) critical thinking skills or innovative problem solving.

_____________________________________________________________________________________
_____________________________________________________________________________________

6. Please comment on a specific situation in which you have observed (or not observed) the applicant learning and applying a new skill or understanding.

_____________________________________________________________________________________
_____________________________________________________________________________________

7. Please describe and evaluate the applicant’s quantitative ability.

_____________________________________________________________________________________
_____________________________________________________________________________________

8. Please comment on anything else you think would be helpful to the admissions committee.

_____________________________________________________________________________________
_____________________________________________________________________________________

9. Please rate the applicant on a scale of 1-5, 5 being the highest:

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<th>Ability</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>Intellectual ability</td>
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<td>Breadth of general knowledge</td>
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<td>Quantitative ability</td>
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<td>Analytical ability</td>
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<td>Ability to work with others</td>
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<td>Emotional maturity</td>
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<td>Perseverance</td>
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<td>Promise as a program graduate</td>
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</table>

Please circle the statement that best describe your overall recommendation of the individual applying to the Community Health Professional Sequence program at Chicago State University.

- Strongly Recommend
- Recommend
- Recommend with Reservations
- Not Recommend

Name of Reference

(please print)

Signature of Reference

Date

Title and Organization

Address

Telephone Number

E-Mail Address