

Undergraduate Recommendation Form

Office of Enrollment Services 671 Winyah Drive • Orlando, FL 32803 (407) 303-7742 • Fax (407) 303-0753

TO BE COMPLETED BY THE APPLICANT

Please use black or blue ink only when completing this form.

Applicant's Name: (please print)	Student ID:
Department of Interest:	
 Occupational Therapy Assistant Imaging Sciences (Diagnostic Medical Sonography, Nuclear Medicine Technology & Radiography) 	
APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:	
 I waive my right to access any information contained on this recommendation form. I do not waive my right to access any information contained on this recommendation form. 	
TO BE COMPLETED BY THE EVALUATOR	
Evaluator's Name:	
Place of Employment:	
Position/Department:	
Address:	
Telephone: Work: () Home:	()
Signature	Date
AdventHealth University, a Seventh-day Adventist institution, specializes in the education of healthcare professionals. The University provides an environment where stu- dents can develop spiritually, intellectually, socially, and physically while pursuing professional expertise integrated with Christian values. Our vision – Nurture, Excellence, Spirituality, Stewardship – is central at AHU and our goal is to teach healthcare as ministry. In your opinion, would this applicant be a good fit at AHU considering our mission and vision? <u>Ves</u> No	
In light of the mission statement above, please assess this applicant using the scale below. We value your comments and ask that you give a full and candid appraisal so that fair consideration may be given the applicant. Please indicate the appropriate number.	
5 = Outstanding 4 = Good 3 = Average 2 = Fa	
Academic motivation Emotional maturity	Leadership ability
Attitude toward authority Timeliness	Professional appearance
Adaptability to change Ability to cope with stre	ss Ability to communicate effectively
Organizational Skills Analytical and problem-	solving skills Clinical skills (if applicable)
Integrity Ability to work independ	lently
Dependability/Reliability Ability to work with people	
I have known the applicant for: My relationship to the applicant is/has been:	My statement is:
Less than a year Employer/Supervisor	I recommend the applicant without reservation.
1-3 years Educator/Tutor	I recommend the applicant with reservation. (Please explain)
3 or more years Counselor/Advisor Pastor/Chaplain	I cannot recommend the applicant at this time. (Please explain)
Other (Family & friends not permitted)	
COMMENTS	
We invite additional comments and observations about the applicant.	
Thank you for your time and information. An applicant may be considered for program admission when this completed recommendation form is returned to AHU. This form may be emailed, mailed, hand-delivered, or faxed to (407) 303-0753.	