

GRADUATE AHU ONLINE RECOMMENDATION FORM

Office of AHU Online • 671 Winyah Drive • Orlando, FL 32803
 Call or Text (407) 890-8040 • Fax (407) 303-0753 • Online@ahu.edu



TO BE COMPLETED BY THE APPLICANT *Please use blue or black ink when completing this form.*

Applicant's Name: *(please print)* _____ **Student ID:** _____

Department of Interest:

- Master of Healthcare Administration in Strategy & Innovation Executive Master of Healthcare Administration MHA/MBA Dual Degree

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

- I waive my right of access to any information contained on this recommendation form.
 I do not waive my right to access any information contained on this recommendation form.

Applicant's Signature (Required) _____ **Applicant's Phone Number** _____ **Date:** _____

TO BE COMPLETED BY THE EVALUATOR

AdventHealth University, a Seventh-day Adventist institution, specializes in the education of healthcare professionals. The University provides an environment where students 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? Yes 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 circle the appropriate number.

5 = Outstanding	4 = Good	3 = Average	2 = Fair	1 = Poor	0 = No basis for evaluation								
Academic motivation	5	4	3	2	1	0	Ability to cope with stress	5	4	3	2	1	0
Attitude toward authority	5	4	3	2	1	0	Analytical and problem-solving skills	5	4	3	2	1	0
Adaptability to change	5	4	3	2	1	0	Ability to work independently	5	4	3	2	1	0
Organizational skills	5	4	3	2	1	0	Ability to work with people	5	4	3	2	1	0
Integrity	5	4	3	2	1	0	Leadership ability	5	4	3	2	1	0
Dependability/Reliability	5	4	3	2	1	0	Professional appearance	5	4	3	2	1	0
Emotional maturity	5	4	3	2	1	0	Ability to communicate effectively	5	4	3	2	1	0
Timeliness	5	4	3	2	1	0	Clinical skills (if applicable)	5	4	3	2	1	0

I have known the applicant for:

- Less than a year
 1-3 years
 3 or more years

My relationship to the applicant is/has been:

- Employer/Supervisor
 Educator
 Counselor
 Other _____ *(Family & friends not permitted)*

My statement is:

- I recommend the applicant without reservation.
 I recommend the applicant with reservation. *(Please explain)*
 I cannot recommend the applicant at this time. *(Please explain)*

COMMENTS

We invite additional comments about the applicant

EVALUATOR INFORMATION

Name: _____

Place of Employment: _____ **Position:** _____

Address: _____

Telephone: _____ **Work ()** _____ **Home ()** _____

Signature: _____ **Date:** _____

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 mailed or faxed.