

School of Health Professions
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

Recommendation Form for Admission to: _____

APPLICANT'S SECTION

Office use only. Do not write in this box.

Applicant's Name _____

HSC Badge # _____

The applicant is responsible for informing the references that this form should be expeditiously returned to meet program decision dates.

Family Educational Rights and Privacy Act of 1974 (FERPA)

Under the provisions of this Act, you have the right to see recommendations for admission. Please choose the appropriate phrase below and sign your name.

I Waive Do Not Waive any right of access that I may have to this recommendation form.

Applicant's signature _____ Date _____

REFERENCE'S SECTION

Reference's Name _____ Title _____

Reference's Address _____ Phone (_____) _____

Reference's Signature _____ Date _____

How long have you known this applicant and in what capacity? _____

In making this evaluation, what student group are you using as a basis for comparison? All Undergraduates

Undergraduate majors in _____ Graduate students _____
 (discipline)

Please rank the student, as well as you can, along the listed categories. (Note that the scale is nonlinear.) This ranking is intended to supplement, not replace, your specific written comments, which we solicit on the BACK OF THIS FORM. Comments may also be submitted on a separate page.

	Top 5%	6-15%	16-25%	26-50%	Below Average	Insufficient Information
Motivation and initiative						
Maturity and stability						
Ability to work independently						
Industry and reliability						
Ability to work with others						
Oral expression in English						
Written expression in English						
Ability to organize and use facts and ideas						
Analytical ability						
Creativity						
Curiosity in science						
Overall intellectual ability						
Clarity of goals for graduate study						
Overall potential for graduate study						

Recommendation concerning admission to the School of Allied Health Sciences:

- Highly recommend this applicant Recommend with reservations
 Recommend this applicant Do not recommend

We would appreciate your written comments on this applicant. They will be carefully considered by the Admissions Committee and will play a key role in our evaluation. Please describe the particular talents, strengths and weaknesses of the applicant as they could relate to their study. If you have worked with the applicant on any special project, please give an evaluation of her or his performance. Any favorable or unfavorable indications of individual research potential and comments on the ability of the applicant to do independent and creative work are especially useful. We thank you in advance for your evaluation.

Please return this form to: The University of Texas Health Science Center at San Antonio
Office of the Registrar - Health Professions
Mail Code 7702
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900
FAX (210) 567-2645