Master of Health Administration
Clayton State University

Letter of Recommendation

To be completed by the applicant

Name of the applicant: ________________________________________________________________

Applicant must sign one of the following declarations:

I waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. (If this statement is signed by the applicant, s/he will not be able to see this letter of recommendation.)

Signed ___________________________________________ Date ____________________________

I do not waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. (If this statement is signed by the applicant, s/he will be able to see this letter of recommendation.)

Signed ___________________________________________ Date ____________________________

To the recommender:
The person named above is applying for admission to the Master of Health Administration Program at Clayton State University. This program is designed for mature adults seeking intellectual challenge and personal or professional development. The admissions committee is interested in your assessment of those personal qualities that relate to the candidate's ability to pursue a rigorous, interdisciplinary course of graduate study: Does he or she think critically, speak and write well, work independently? Is he or she creative, highly motivated, disciplined? We will appreciate receiving your candid evaluation of the candidate's strengths and weaknesses in these areas as well as any other information you consider relevant. Please use the space below or attach a separate letter. Recommendations should be placed in sealed envelopes and contain the signature of the person writing the recommendation across the seal.

How long and in what connection have you known the applicant?

Your evaluation of this applicant: (Use separate sheet if necessary)

_____________________________________________________________________________________
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Signed ___________________________________________ Date ____________________________
Please evaluate the candidate in the following categories:

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<th></th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Marginal</th>
<th>Poor</th>
<th>Not able to judge</th>
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</thead>
<tbody>
<tr>
<td>Potential for academic success</td>
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<td>Intelligence</td>
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<td>Intellectual curiosity</td>
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<td>Creativity</td>
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<td>Motivation</td>
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<td>Maturity</td>
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<td>Written communication</td>
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<td>Oral communication</td>
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</table>

Your overall recommendation for this applicant:

- [ ] Highly recommend
- [ ] Recommended
- [ ] Recommended with reservation
- [ ] Not recommended

Name of recommender ____________________________________________________________

Title _____________________________________________________________________

Address _____________________________________________________________________

Signature ____________________________ Date _______________

Please return this form directly to:
School of Graduate Studies
211 James M. Baker University Center
2000 Clayton State Boulevard
Morrow, GA 30260

*If returned to candidate, recommendation form must be in a sealed envelope with signature of recommender across sealed flap. Thank you for your time and assistance.*