

LETTER OF RECOMMENDATION



Master of Health Science

School of Health Sciences

Letter of Recommendation for: _____

To the recommender: The admissions committee would appreciate your candid appraisal of the applicant. Feel free to attach additional pages as needed.

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

Please assess the applicant relative to other students or employees whom you have known in a similar capacity:

	Outstanding (top 2%)	Superior (top 10%)	Good (top third)	Fair (middle third)	Unable to judge
Intellectual ability					
Ability to work with others					
Ability in written expression					
Ability in oral expression					
Maturity					
Initiative/independence					
Creativity/originality					
Potential for career advancement					
Time management					

Please comment on the applicant's primary strength and/or weakness and any other remarks you may feel are important: (if more space is needed please use reverse side): _____

What is your overall recommendation?

- Strongly recommend
- Recommend
- Recommend with some reservation

Signature of recommender: _____

Name of recommender: _____

Position or title: _____

School or firm: _____

Business address: _____

Phone #: _____

Please return this form to:

Saint Francis University
Master of Health Science Program
Dr. Deborah Budash
P.O. Box 600
Loretto, PA 15940

Email
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Fax
(814) 472 3066