

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

TO BE COMPLETED BY THE APPLICANT

| | |
|--|--------------------------|
| Applicant's Name: (please print) _____ | Student ID: _____ |
| Program Interest: | |
| <input type="checkbox"/> Graduate General Studies <input type="checkbox"/> Healthcare Administration <input type="checkbox"/> Nurse Anesthesia <input type="checkbox"/> Occupational Therapy | |
| APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT: | |
| <input type="checkbox"/> I waive my right of access to any information contained on this recommendation form. <input type="checkbox"/> 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

Adventist University of Health Sciences, 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 ADU and our goal is to teach healthcare as ministry. In your opinion, would this applicant be a good fit at ADU 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: <input type="checkbox"/> Less than a year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3 or more years | My relationship to the applicant is/has been: <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Educator <input type="checkbox"/> Counselor <input type="checkbox"/> Other _____ (Family & friends not permitted) | My statement is: <input type="checkbox"/> I recommend the applicant without reservation. <input type="checkbox"/> I recommend the applicant with reservation. (Please explain) <input type="checkbox"/> I cannot recommend the applicant at this time. (Please explain) |
|---|--|---|

COMMENTS

We invite additional comments and observations 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 programs admission when this completed recommendation form is returned to ADU. This form may be mailed or faxed to 407-303-9408.