

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**MIDWESTERN UNIVERSITY**  
DOCTOR OF HEALTH SCIENCE PROGRAM  
Recommendation Form

**TO THE APPLICANT:** Select references that can rate you on eight or more of the items below. The following section must be completed before sending to the recommender.

**Waiver of Access to Confidential References**

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation (please check your choice below).

- I waive my right to inspect this letter
- I do NOT waive my right to inspect this letter

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

If you do not check one of the above actions or do not authorize this waiver by signature, then Midwestern University will assume you have not waived access.

**TO THE RECOMMENDER:** Please evaluate this applicant within each of the categories below using a 5-point scale (with 5 being exceptional and 1 being unacceptable). Eight (8) or more of these items must be marked.

FACTORS	5 ( <i>Exceptional</i> )	4 ( <i>Commendable</i> )	3 ( <i>Satisfactory</i> )	2 ( <i>Marginal</i> )	1 ( <i>Unacceptable</i> )	0 ( <i>N/A</i> )
MOTIVATION						
MATURITY						
INTERPERSONAL RELATIONS						
EMPATHY						
CRITICAL THINKING						
RELIABILITY						
LEADERSHIP						
COMMUNICATION SKILLS						
INTEGRITY						
QUALITY OF WORK						
CAPACITY TO CONDUCT SCHOLARSHIP						

