



Please Print Legibly

Name of Applicant _____

Applicant waives the right to view this reference form. Yes No (Check appropriate box)

Applicant Signature _____ Date _____

The person listed above has applied for admission to the Master of Science in Health Services Administration program at the University of Evansville. Please complete this form and e-mail it to hsa@evansville.edu, or fax it to the attention of "HSA Program" at 812-488-2717, or mail it to Health Services Administration program, University of Evansville, 1800 Lincoln Avenue, Evansville, Indiana 47722.

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

2. Please rate the applicant on the following factors, comparing him or her to all the individuals with whom you have worked.

	Exceptional (upper 10%)	Very Strong (upper 25%)	Average (middle 50%)	Below Average (lower 25%)
Academic potential to succeed in a graduate program				
Ability to work collaboratively on a team				
Willingness to work hard for excellence				
Demonstration of professionalism and integrity				
Potential for making contributions in a leadership role				

3. Please make any comments you believe relevant to the applicant and his or her qualifications for graduate study. _____

I strongly recommend, recommend, recommend with reservations, do not recommend the applicant for admission to the Master of Science in Health Services Administration program at the University of Evansville.

Signature _____ Date _____

Printed Name _____

Position _____

Employer _____