



HEALTH INFO ADMINISTRATION RECOMMENDATION FORM

To the Applicant: Fill in your name and the name of the program before forwarding this form to the individual who will complete this evaluation:

Name of Applicant: (Please Print): _____

The person whose name appears above has applied to the _____ Program. Your evaluation of this applicant will be very helpful. Please complete the form below. Individuals who are accepted must be able to fulfill the academic requirements of the program and possess personal qualifications essential to professional performance. Thank you for completing and promptly returning this form.

1. Qualities	Excellent	Good	Fair	Poor	NA
Integrity					
Academic Skills					
Problem Solving Skills					
Oral Communication Skills					
Written Communication Skills					
Organizational Ability					
Self-confidence					
Leadership Ability / Initiative					
Disposition					
Motivation / Creativity					
Adaptability / Flexibility					
Concern for Others					
Dependability / Reliability					
Maturity / Emotional Stability					
Ability to Work Independently					
Responsibility / Accountability					
Judgment					
Grooming / Appearance / Poise					
Interpersonal Skills with Teachers / Supervisors					
Interpersonal Skills – Peers / Co-Workers / Others					
Ability to Accept Constructive Criticism					

Applicant Name: _____

2. Do you Highly Recommend Not Recommend

3. How long have you known applicant? _____

4. In what capacity have you known Applicant? _____

Name of person completing form (**Type or Print**): _____

Signature: _____ Date: _____

Title: _____

Place of Employment: _____

Address: _____

City/State/Zipcode: _____

Phone: _____ Email: _____

5. Additional Information: Please list any additional information that may assist in the evaluation of the applicant for admission or submit a separate document.

PLEASE MAIL TO: Department of Health Information Administration
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