



Applicant:		
Address:	City:	State:
Under the Family Educational Rights and Privacy Act of 1974, the a at Stevenson University, to review these recommendations, unless, this right.		
I hereby waive () do not waive () my right to review this reco	mmendation form.	
Applicant Signature:		Date:
Please note: At least one recommendation must be from a current	t or past supervisor.	
The Admissions Committee appreciates your responses to the follows:  1. How long and in what capacity have you known the applicant?	owing questions.	
2. Please describe the applicant's strengths.		

- 3. What do you consider to be the applicant's weaknesses?
- 4. Please address the candidate's ability to complete a rigorous HCM Program and how the candidate will be a leader in the profession of Health Care Management.

5	Please	rate the	applicant	usina	the	scale	hel	$\cap W$
J.	i icasc	rate the	applicant	using	uic:	scale	DEI	O VV

	Outstanding	Above Average	Average	Below Average	Unable to Assess
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and Maturity					
Ability to work with others					
Breadth of general knowledge					
Quality of written expression					
Potential for graduate study					

If you would like to share further information regarding this applicant please attach a separate narrative.

Name:		Title:	
Employer:		E-mail address:	
Address:		City:	State:
Phone number:	_Signatur e:		Date:

## Please return this form to:

Graduate Admissions Office Stevenson University Online 100 Campus Circle Owings Mills, MD 21117

## Or email:

Amanda Millar, amillar@stevenson.edu Director, Admissions