

**LSUHSC School of Allied Health Professions Office of
Student Affairs**
1900 Gravier Street, Room 6B17, New Orleans, LA 70112
Phone: 504-568-4254 FAX: 504-568-3185

**RECOMMENDATION OF APPLICANT
MASTER OF HEALTH SCIENCES – CLINICAL REHABILITATION AND COUNSELING**

TO BE COMPLETED BY THE APPLICANT:

Mr/Ms/Mrs _____ wishes to enter the School of Allied Health Professions to work toward a Masters of Health Sciences.

The information provided on this form is important in evaluating the suitability of the applicant for training in research and teaching in the health sciences. Please give detailed information about the applicant. Your report will be treated confidentially.

TO BE COMPLETED BY THE RECOMMENDER:

1. How long have you known the applicant? _____
2. From what association do you know the applicant? _____
3. In the blanks provided, please indicate your overall evaluation of the applicant. I consider him/her to be in the:
UPPER 1% _____ 5% _____ 10% _____ 25% _____ 33% _____ 50% _____ ; the **LOWER** 50%
of the students I have taught or of the persons with whom I have been professionally associated.
4. Please rate the applicant with respect to specific attributes for graduate study in his/her chosen field by placing a check mark in the appropriate space. (1 = best in years, 2 = excellent, 3 = good, 4 = average, 5 = below average)

ATTRIBUTE	1	2	3	4	5	UNKNOWN
SCHOLARSHIP						
PERSONALITY						
EMOTIONAL STABILITY						
CHARACTER						
CREATIVITY						
DRIVE & PERSISTENCE						
ABILITY TO WORK INDEPENDENTLY						
ABILITY TO COLLABORATE WITH OTHERS						
POTENTIAL AS A TEACHER						
ABILITY TO COMMUNICATE ORALLY						
ABILITY TO COMMUNICATE IN WRITING						

5. In your opinion does the applicant have the intellectual curiosity that is essential for graduate study?

6. Is the applicant a "self-starter" able to initiate and complete projects with a minimum of help or direction?

7. Can the applicant be counted upon to meet deadlines with reasonable promptness and consistency?

8. How would you rate the applicant? _____

- A) Strong
- B) Satisfactory
- C) Not suitable at the time
- D) Not recommended

9. In the space provided please elaborate on any aspects of the applicant's background or accomplishments (positive or negative) about which you would like to comment. Please, if possible, indicate the relative performance of the applicant in classes that you have taught and/or in a work situation.

NAME & HIGHEST DEGREE OF RECOMMENDER
(please print or type)

DATE

SIGNATURE

POSITION

ADDRESS