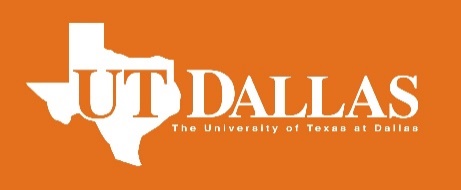
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**Master of Business Administration – Healthcare Organization Leadership**

**LETTER OF INTEREST**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years of Management or other Relevant Experience: \_\_\_\_\_\_\_\_\_**

**Highest Degree: \_\_\_\_\_\_\_\_\_\_\_ Obtained from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_**

**Please explain below your reasons for your interest in the UTD Masters Program. Specifically describe why you would be a good candidate, your career goals, and how you would apply the learning gained through this program:**

**Please return completed form to William Behrendt, VP Human Resources by June 30, 2015**