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**Master of Business Administration**

**Healthcare Organization Leadership**

**Request for Recommendation**

To the Applicant:

**Please complete this section of this form only and submit it to the evaluating individual.**

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In compliance with the Federal Educational Right to Privacy Act (the Buckley Amendment) any recommendation or letter (that becomes part of the educational record for enrolled students) will be available to the student, unless the student has signed a waiver of the student’s right of access. If you wish to waive your right of access to this letter, please sign:

I\_\_\_\_\_ waive \_\_\_\_\_do not waive my right of access to the completed evaluation under the Family Education Rights and Privacy Act of 1974.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Evaluator:

**The remainder of this form (front and back of page) should be completed by the person making the recommendation (evaluator).**

Please submit this form by using this [Link](https://www.surveymonkey.com/r/QXGDCZF) or QR Code 

For Questions Please Contact:

Debbie Fernandez, Coordinator

Faculty Affairs and Faculty Development, MC 142

One Baylor Plaza, Houston, TX 77030

Email: [dfernand@bcm.edu](mailto:dfernand@bcm.edu)

***If you prefer to write a letter in addition to this form, please feel free to do so.***

**SECTION ONE:** Knowledge of the Applicant

* Approximately how long have you known the Applicant? \_\_\_\_\_ Years \_\_\_\_\_Months
* Please rate your knowledge of the Applicant: Casual Well Very Well
* In what context(s) do you interact with the Applicant?

Coach Manager Employer Subordinate Work Colleague

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION TWO:** Applicant’s Promise as a Graduate Student

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | EXCEPTIONAL | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | NO INFORMATION |
| Intellectual Ability |  |  |  |  |  |
| Language Ability |  |  |  |  |  |
| Ability to express ideas orally |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |
| Motivation to achieve |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |

* Please express your view on the Applicant’s ability to function as a student in a Master’s program, and as a leader in healthcare:
* In summary, I give this Applicant a:
* VERY STRONG Recommendation
* STRONG Recommendation
* AVERAGE Recommendation
* Recommend with Reservations (explain)
* Do Not Recommend

Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_