

# RECOMMENDATION FOR HCA APPLICANT

## CALIFORNIA STATE UNIVERSITY, LONG BEACH

1250 Bellflower Boulevard  
Long Beach, CA 90840  
(562) 985-5694

Health Care Administration  
Graduate Program  
Fax: (562) 985-5886

Applicants Name: \_\_\_\_\_

Semester Applying for (Please circle):    Fall 2019

### TO THE APPLICANT:

Please complete information above. Provide a return envelope with the recommendation form to the individuals providing a recommendation so they can mail the recommendation letter back to you. Once the recommendations have been returned, submit the complete package to the Department of Health Care Administration.

The Family Education Right Privacy Act of 1974 entitles CSULB graduate students to have access to letters of evaluation in their permanent files at CSULB. The applicant may waive the right of access to letters of evaluation, in which case letters of evaluation will be considered confidential by CSULB and will not be available to the students. If you wish to waive your right of access to this letter of evaluation, please so indicate by signing your name on the line below the following statement.

I, the undersigned, hereby waive all right or privileges provided by Public Law 930380 to inspect or challenge to content and comments appearing in this letter of recommendation. I agree that observations made in this letter of recommendation should be confidential between the writer and the various agencies to whom my confidential file may be addressed.

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Applicant's Signature

Date

### TO THE RECOMMENDER:

The Health Care Administration Admissions Committee finds recommendations, which present a balanced view of an applicant's abilities and attributes most helpful. Specific comments about significant attributes are more useful than general statements. Please be as candid as possible. Note that by law applicants may have access to all academic records. If the applicant has signed the statement above, your comments will be held completely confidential.

These questions are included only as guidelines. If you prefer to address the applicant's overall fitness for the program in some other manner, please feel free to do so. If you use additional sheets of paper, please staple them to the back of this form. Please return this form in the envelope addressed to the applicant. Please seal the envelope and write your signature across the seal on the flap.

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ Years \_\_\_\_\_ months

Under what circumstances did you know the applicant?

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Please comment on the applicant's academic preparation and abilities (both positive and negative).

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Please comment on the applicant's demonstrated and/or potential managerial and leadership abilities.

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In comparison with other Graduate school candidates you have known, how would you rate the applicant with respect to the following qualities?

Quality	Exceptional Top 2%	Outstanding Top 10%	Very Good Top 20%	Good Top 1/3	Average Middle 1/3	Below Average 1/3	Inadequate Opportunity to observe
Intellectual ability							
Maturity							
Leadership potential							
Ability to get along with others							
Written skills							
Oral skills							
Creativity/imagination							
Self-confidence							

- I strongly recommend that this applicant be admitted to the MSHCA Program.
- I recommend that this applicant be admitted to the MSHCA Program.
- I recommend with some reservations that this applicant be admitted to the MSHCA Program.
- I do not recommend that this applicant be admitted to the MSHCA Program.

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Recommender's Signature

Date

Since your evaluation will become part of the applicant's formal application, your prompt response in returning this form is essential to a timely decision. Please return the completed form in the self-addressed envelope provided by the student. Thank you for your cooperation.

