

Health Information Management Program

Confidential Recommendation Form

Recommendation for: _____

The applicant whose name appears above is applying for admission to the Southwestern Oklahoma State University Health Information Management program. Please give a candid evaluation of the applicant's capabilities by completing this form. Your time and effort involved in preparing this recommendation are greatly appreciated. This recommendation will be held in confidence unless a letter from the applicant is attached stating s/he wishes to view it. **If necessary, may we contact you to discuss the applicant?** Yes No

How long have you known the applicant?

In what capacity have you known the applicant?

Please rate the following characteristics

	Fair	Average	Above Average	Superior	Unable to Appraise
Reliability					
Integrity					
Initiative					
Personality					
Communication:					
Verbal					
Written					

Considering the applicant's general qualifications, please rate the applicant as:

Undesirable _____ Fairly Desirable _____ Desirable _____ Very Desirable _____

Written Recommendation: Please elaborate the basis of your ratings and any additional information you consider relevant in a written recommendation. Also please describe any reservations you have about the applicant's ability to complete this degree or to become a trusted professional. Please submit both documents either by email or regular mail to the address below.

Name and Title _____

Phone Number _____

Signature and Date _____

SWOSU

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