

**Recommendation Form for
Application to the Doctoral Degree Program in Health Studies
Department of Health Studies – Texas Woman’s University**

Applicant: Please fill out this section, then have the Recommender complete the form and submit it to TWU. A recommendation *letter* will not be accepted in place of this form, but will be considered in addition to it.

Applicant’s Name: _____

Address: _____

Email Address: _____ Preferred Phone Number: _____

2nd Phone Number _____ Date: _____

I waive my right to review this recommendation. Yes OR No

I grant permission to contact this person. Yes OR No

Recommender: Please complete *both pages* of this form and mail or fax it to: Graduate Program Coordinator, Department of Health Studies, Texas Woman’s University, P.O. Box 425499, Denton, TX 76204, Fax: (940) 898-2859.

Recommender’s Name: _____ Title: _____

Organization: _____ Phone #: _____

Signature: _____ Date: _____

Relationship to the Applicant: _____ For how long? _____

Please indicate the degree to which you believe each characteristic/ability applies to the Applicant

Characteristics or Abilities	Very Low	Low	Average	High	Very High	NA
Organization Skills						
Writing Skills						
Verbal Communication Skills						
Interpersonal Skills						
Initiative						
Dependability						
Information Technology Skills						
Adaptability						
Professional Demeanor						
Potential for Professional Growth						

What do you consider to be the Applicant's strongest assets in terms of potential for successful performance in a Graduate Degree program in Health Studies?

What do you consider to be the Applicant's limitations, if any, in terms of potential for successful performance in a Graduate Degree program in Health Studies?

Please provide any additional information that you believe may be helpful in considering this Applicant for admission to the Graduate Degree program in Health Studies: