

The University of Texas MD Anderson Cancer Center
School of Health Professions
Professional Recommendation Form

Instructions to the applicant

Complete page 1 and have a professional reference complete page 2. A professional reference can evaluate your academic ability and suitability for our programs in healthcare. Examples of professional references include your professor, supervisor, counselor, academic advisor, volunteer coordinator, etc. Do not include an additional letter of recommendation with this form.

The professional reference should mail both pages of this document to

*The Office of the Registrar
UTHealth Houston
P.O. Box 20036
Houston, Texas 77225-0036*

Alternatively, if the reference is unable to mail the form, they may submit it by email to

Student-Admissions@uth.tmc.edu

NOTE: Make sure your reference is aware of your application deadline.

1. 7-Digit UTH Student ID (After submitting your admission application, you will receive your UTH Student ID via email in approximately 1-3 business days.)

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2. Applicant's name as it appears on your application for admission

First	Middle	Last	Suffix
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3. Name of program to which you are applying Entering

4. I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

Check one of the following statements

I hereby WAIVE my right of access to this recommendation

I DO NOT WAIVE my right of access to this recommendation

Applicant's Signature

Date

To the Recommender: The individual named above has applied for admission to The University of Texas MD Anderson Cancer Center School of Health Professions.

We are seeking information that will aid us in the selection of capable students. It is important that students selected to this program be able to complete their academic and technical work successfully. They should also possess the personal qualifications essential for a member of the healthcare team. The applicant has selected you as an individual who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications.

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above, and matriculates, the student will be permitted to review this reference upon request.

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Acquaintance with Applicant: How long and in what professional connection have you known this applicant?

Personal and Professional Appraisal

Please rate the applicant in the following categories, using a scale of 5 (superior) to 1 (poor).

Characteristics	Superior 5	4	3	2	Poor 1
Academic potential					
Leadership					
Technical laboratory skills or work skills					
Sense of responsibility					
Ability to work with people					
Motivation for a career in field of study					
Ability to adapt to new situations					
Ability to work independently					
Reliability					
Verbal communication skills					
Written communication skills					
Ability to solve problems					

Recommendation

Strongly Recommend

Recommend

Recommend with reservations

Do not Recommend

If "Recommend with reservations," please explain.

Comments: Please add comments that will aid in providing a picture of the applicant's abilities and potential as a student and healthcare professional.

Professional Reference Signature

Date

Organization

Professional Reference Name

Number and Street

Position or Title

City, State Zip Code

Email Address

Phone