

Recommendation Form—*Confidential*

This form may be photocopied

College of Health Sciences Undergraduate and Graduate Programs

TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Health Sciences Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name _____ Social Security Number* _____ - _____ - _____
Last First Middle

Address _____
Street City State ZIP

Program _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assist you. Under the provisions of the Act, you have the right, if you enroll at Barry, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I ☐ waive ☐ do not waive any right of access I may have to this recommendation form.

Signature

Date

TO THE RESPONDENT: The above-named person is applying to an academic program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying a confidential evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below. (*Please print or type*)

1. I have known the applicant as ☐ an undergraduate student; ☐ a graduate student; ☐ other _____

2. I have known the applicant since _____, in my position as _____

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

*Applicants for admission are advised that the requested disclosure of your Social Security number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance and report student status. If you wish to apply for federal or state grants, loans, and other financial aid programs you are required to supply your Social Security number. Your Social Security number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.

3. Other comments related to the applicant's success in one of the University's Health Sciences Programs that you feel would be of importance to the admissions committee.

If you are completing this form to recommend an applicant to the **Health Services Administration** program, please specifically address (a) the academic potential the individual exhibits for becoming an effective health care leader and (b) examples of leadership potential that this individual has already exhibited.

4. I recommend this applicant:

<u>Not at all</u>			<u>Moderately</u>			<u>Enthusiastically</u>		
1	2	3	4	5	6	7	8	9

Supplementary remarks _____

Signature of the respondent _____

Name _____ Date _____

Title _____ Phone (_____) _____ Ext. _____

Company/Institution _____

Address _____

Questions? Call 305-899-3484 or 800-756-6000, ext. 3484.

Please mail form directly to:



BARRY
UNIVERSITY

HEALTH SCIENCES ADMISSIONS

11300 NE Second Avenue
Miami Shores, FL 33161-6695

Application Information:

305-899-3484 or 800-756-6000, ext. 3484

Financial Aid:

305-899-3673 or 800-695-2279

E-mail: healthsciences@mail.barry.edu

www.barry.edu/chs

Recommendation Form—*Confidential*

This form may be photocopied

College of Health Sciences Undergraduate and Graduate Programs

TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Health Sciences Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name _____ Social Security Number* _____ - _____ - _____
Last First Middle

Address _____
Street City State ZIP

Program _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assist you. Under the provisions of the Act, you have the right, if you enroll at Barry, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I ☐ waive ☐ do not waive any right of access I may have to this recommendation form.

Signature

Date

TO THE RESPONDENT: The above-named person is applying to an academic program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying a confidential evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below. (*Please print or type*)

1. I have known the applicant as ☐ an undergraduate student; ☐ a graduate student; ☐ other _____

2. I have known the applicant since _____, in my position as _____

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

*Applicants for admission are advised that the requested disclosure of your Social Security number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance and report student status. If you wish to apply for federal or state grants, loans, and other financial aid programs you are required to supply your Social Security number. Your Social Security number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.

3. Other comments related to the applicant's success in one of the University's Health Sciences Programs that you feel would be of importance to the admissions committee.

If you are completing this form to recommend an applicant to the **Health Services Administration** program, please specifically address (a) the academic potential the individual exhibits for becoming an effective health care leader and (b) examples of leadership potential that this individual has already exhibited.

4. I recommend this applicant:

Not at all			Moderately			Enthusiastically		
1	2	3	4	5	6	7	8	9

Supplementary remarks _____

Signature of the respondent _____

Name _____ Date _____

Title _____ Phone (_____) _____ Ext. _____

Company/Institution _____

Address _____

Questions? Call 305-899-3484 or 800-756-6000, ext. 3484.

Please mail form directly to:



BARRY
UNIVERSITY

HEALTH SCIENCES ADMISSIONS

11300 NE Second Avenue
Miami Shores, FL 33161-6695

Application Information:

305-899-3484 or 800-756-6000, ext. 3484

Financial Aid:

305-899-3673 or 800-695-2279

E-mail: healthsciences@mail.barry.edu

www.barry.edu/chs