HIT<sup>4</sup> Scholars Program

Health Information Technology

RECOMMENDATION FORM

SECTION I (TO BE COMPLETED BY APPLICANT)

STUDENT INFORMATION:

☐ Mr.
☐ Mrs.
☐ Ms.

____________________________________________________

___________________

____________________________________________________

___________________

Last Name

First Name

MI

Other Name (If Applicable)

SECTION II (TO BE COMPLETED BY RECOMMENDER)

The person whose name appears above is applying for admission to pursue an academic program at The Catholic University of America. This form is provided for your use in evaluating the applicant. Please be candid in your assessment. If you wish to provide additional comments about the applicant’s qualifications for academic studies, please use the space provided or attach a separate letter of recommendation. Letters should be on your letterhead and include your name and signature along with the applicant’s full name.

RECOMMENDER’S NAME:

____________________________________________________

___________________

____________________________________________________

___________________

Last Name

First Name

MI

Title

Organization

Daytime Phone

How long have you known the applicant? ____________

In what capacity have you known the applicant? ___________________________________________________________

How long has it been since your last direct contact with the applicant? ________________________________________
Please describe the applicant’s strengths and his or her potential for:
- completing a rigorous, accelerated academic program
- assuming a leadership position in his/her proposed program of study
- pursuing/developing a career in information technology.

<table>
<thead>
<tr>
<th>Abilities and Characteristics</th>
<th>Exceptional</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Ability to complete a rigorous academic program.</td>
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<td>Personal motivation toward a career in the proposed area of study</td>
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<td>Emotional stability</td>
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<td>Integrity</td>
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<td>Intellectual ability</td>
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<td>Responsibility/reliability</td>
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<td>Communication</td>
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<td>Interpersonal Skills</td>
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<td>Quality of relationships</td>
<td>Supervisors</td>
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<td>Co-workers</td>
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<td>Service orientation (sensitivity/ empathy for others)</td>
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<td>Conceptual ability</td>
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<td>Analytical ability</td>
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<td>Initiative toward and potential for scholarly work</td>
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<td>Ability to work independently</td>
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<td>Ability to handle stress</td>
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</table>

Additional Comments (or provide a separate letter of recommendation):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please indicate the strength of your overall recommendation:

☐ Recommend most highly  ☐ Recommend  ☐ Recommend with reservations  ☐ Do not recommend

Signature: __________________________________________________________
Date: ____________________________

Place this recommendation form in an envelope, seal it, and sign across the seal. You may return the form to the applicant or directly to The Catholic University of America, as requested by the applicant. Please send to:
Metropolitan School of Professional Studies, Pangborn 334, The Catholic University of America, 620 Michigan Avenue, NE, Washington, DC 20064
Tel: (202) 319-5256; Fax: (202) 319-6032