

Hodges University Letter of Recommendation

Program of Study: (Please Check)

- Master of Accountancy
 Master of Business Administration
 Master of Health Services Administration
 Master of Legal Studies
 Master of Clinical Mental Health Counseling
 Master of Science in Management
 Master of Information Systems Management
 Certificate in Strength Based Therapies
 Certificate in Health Informatics

Location: (Please Check)

- Naples
 Fort Myers PHSC
 DE
 Other (specify)

To the applicant: Please complete Section 1 and deliver this form to the person who will write your recommendation. Recommendations should come from professors and/or professional acquaintances such as employers, clergy, lawyers, doctors, etc.

To the respondent: Please complete Section 2 and return this form in a sealed envelope directly to:

Admissions Naples Campus

Hodges University
2655 Northbrooke Drive
Naples, Florida 34119

OR

Admissions Fort Myers Campus

Hodges University
4501 Colonial Boulevard
Fort Myers, FL 33966

Section 1 (to be completed by the applicant)

Applicant's Last Name	First Name	Middle Initial
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Applicant's Street Address	City	State/Zip	Telephone
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(Check one)

I do hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect the contents of this letter. I understand that this will not affect the decision of the Admissions Committee.

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I understand that this recommendation is to be used and maintained in confidence by Hodges University.

Applicant's Signature	Date
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Section 2 (To be completed by recommender)

Respondent's Last Name	First Name	Highest Degree Held	Relationship to Applicant
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Respondent's Company/ Institution	Position
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Respondent's Street Address	City	State/Zip	Telephone
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How long have you known the applicant and in what capacity (supervisor, professor, personal friend, etc.)?

Section 2 (continued)

Please rate the applicant by checking the appropriate line in each of the following categories to the best of your ability:

	Unable to Judge	Outstanding Top 5%	Above Average 75-94%	Average 50-74%	Below Average Lower 50%
Intellectual Ability	_____	_____	_____	_____	_____
Academic Performance	_____	_____	_____	_____	_____
Quantitative Ability	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Ethics and Integrity	_____	_____	_____	_____	_____
Maturity/Emotional Stability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Organizational Skills	_____	_____	_____	_____	_____

What are the applicant's strengths or special abilities? _____

What are the applicant's weaknesses? _____

What is your overall assessment of the applicant's ability to successfully complete his/her intended program of study?

Thank you for your assistance in the assessment of the applicant's potential for advanced studies. Your comments will not be shown to the applicant unless the applicant does not waive his/her rights as shown in Section 1 of this form.

Respondent's Signature

Date