## ALABAMA STATE UNIVERSITY HEALTH INFORMATION MANAGEMENT PROGRAM

## **Confidential Recommendation**

## **TO BE COMPLETED BY APPLICANT (Please type or print legibly)**

NAME Last

First

The Family Educational Rights and Privacy Act of 1974, and its amendments guarantee students access to their educational records. Students are also permitted to waive their right of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation. Failure to respond will be considered a waiver of the right to this recommendation.

I waive my right to inspect the contents of the following recommendation.

I do not waive my right to inspect the contents of the following recommendation.

Signature Date:

Middle

## TO BE COMPLETED BY RECOMMENDER

If you wish to make additional comments, please attach a letter to this form.

1. How long have you known this applicant and in what capacity?

2. How well do you feel you know the applicant? Casually Well Very Well

3. Please objectively rate the student in the following areas:

|   | Excellent | Above   | Average | Below   |
|---|-----------|---------|---------|---------|
|   |           | Average |         | Average |
| Self Motivation                                 |           |         |         |         |
| Dependability                                   |           |         |         |         |
| Judgment  |           |         |         |         |
| Ability to cope<br>with stressful<br>situations |           |         |         |         |
| Problem Solving                                 |           |         |         |         |
| Time<br>Management                              |           |         |         |         |
| Initiative                                      |           |         |         |         |

| Ability to accept<br>constructive<br>feedback |  |  |
|---|--|--|
| Communication                                 |  |  |
| Assertiveness                                 |  |  |
| Integrity                                     |  |  |

4. Please comment on the applicant's strengths and weaknesses, including his/her character, personality, maturity, or any other traits that may be pertinent to the applicant's performance in this curriculum.

| 5. Please indicate your recommendation  | (check one)                             |
|---|---|
| Recommend Strongly                      | Recommend with Reservation              |
|   |   |
| Recommend                               | Cannot Recommend                        |
| Comments:                               |   |
| Recommender's                           |   |
| Name:                                   | Title:                                  |
|   |   |
| Recommender's Signature:                | Date:                                   |
|   |   |
| Organization:                           |   |
| Address:                                |   |
|   |   |
| Telephone:                              | _                                       |
| Please mail the Recommendation form to: | Health Information Management           |
|   | Alabama State University                |
|   | PO Box 271<br>Montgomery, AL 36101-0271 |
|   |   |