

Office of Admissions
Nova Southeastern University
Health Professions Division
College of Allied Health
Doctor of Health Science Program
Evaluation Form



3200 South University Drive
 Fort Lauderdale, Florida 33328
 (954) 262-1101
 (800) 356-0026, Ext. 1101
<http://www.nova.edu/dhs>

Evaluator: Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law December 31, 1974,

_____ has _____ has not _____ waived his/her right of access to inspect and

 Name of Applicant (Please Print)

review this recommendation form upon its completion. Since the applicant's file will not be further considered until we receive this form, we ask that you return it as soon as possible. It is important that you answer each question. If additional space is needed, please use the space on the reverse side for additional comments or attach an additional page.

1. Please rate the applicant's abilities in the following areas using the scale below:

4 = Outstanding; 3 = Above Average; 2 = Average; 1 = Below Average; 0 = Poor; N = No basis for judgment

	4	3	2	1	0	N
Judgment – common sense, decisiveness, considers alternative solutions, able to accept suggestions						
Assertiveness – nonabrasive, firmness in stating position						
Knowledge of and Interest in Health Science – depth of commitment						
Oral Expression – clarity, articulates position well						
Initiative – self-starter, independent, needs little or no supervision						
Mood Stability – performs well under pressure, level-headed, adjusts to situations						
Demeanor – warm, responsive to others' moods, positive						
Industry – perseverance, endurance, works hard						
Reliability – dependability, you can count on him or her						
Leadership – earns respect by example, others turn to him or her for direction, steps in to organize						
Integrity – practices high principles without evoking moral antagonism, moral consistency						
Self-understanding – knows own strengths, knows and works on weaknesses						
Openness – shares his or her feelings, seeks advice of others						
Personal Appearance – appropriate for whatever occasion arises, neatness						
Inquisitiveness – eager to learn, curious						
Cooperation – ability to work with others						
Written Communication – clear, concise						

2. If you wish, please use this space to amplify any of your ratings in question one or to comment on other aspects of the applicant's character and personality.

3. In daily interactions with others, the applicant tends to be:
 Strongly introverted Mildly introverted Mildly extroverted Strongly extroverted

4. What do you feel are the applicant's major strengths?

5. What do you feel are the applicant's weaknesses?

6. As a member of an admissions committee, how would you rate this candidate?

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant, but with some reservations.
- I am not able to recommend this applicant.

7. How long have you known the applicant?

8. What is your relationship to the applicant? (Check categories which are most appropriate)

- Preprofessional/Major Advisor
- Science Professor
- Other Professor _____
- Supervising Physician (clinical)
- Manager (nonclinical)
- Employer
- Other _____

9. Additional Comments:

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ E-mail Address _____
(9 AM to 5 PM for confirmation purposes)

Signed _____ Date _____

Please return form to:

**Office of Admissions
Nova Southeastern University
Health Professions Division
Attention: Doctor of Health Science Admissions
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Fort Lauderdale, FL 33328**