

LETTER OF RECOMMENDATION

PLFASE	CHECK	ONE:
FLLASL	CHILCK	OIVE.

Masters of Science in Clinical Research

Bachelor of Science in Nursing

Bachelor of Science in Pharmaceutical Sciences

NOTE TO APPLICANT FOR ADMISSIONS: Recommendation must be written on this form provided by AUHS. Please enter your name on the line marked "Name of Applicant" before giving it to the person who will be writing this recommendation. The Letter of Recommendation must be sealed and included in the application packet that is to be mailed or brought to the Admissions Department, American University of Health Sciences, 1600 East Hill Street, Building #1, Signal Hill, CA. 90755. The recommendation should be written by 1) science teachers 2) current or former employers 3) leaders of community organizations for whom you have worked for.

New	/ Applicant:		
	Last Name	First Name	Middle
Univ asse	ersity of Health Sciences. It would pressment on the applicant. The inform	hose name appears above has applied ove of assistance to the Admissions Depo ation you provide will be considered con- cant in a sealed envelope with your signat	artment if you would give us ar fidential. Please complete both
1.	How long have you known the co	andidate and in what capacity?	

2. Please complete the rating scales below by placing a check mark in the box to the right of each attribute.

	Excellent	Above Average	Average	Below Average	Poor	Do Not Know
Conceptual Ability						
Motivation						
Integrity						
Initiative						
Maturity						
Ability to work well with others						
Leadership						
Sensitivity						
Creativity						
Flexibility						
Critical Thinking						
Communication Skills						

3.	What do you consider the applicant's outstanding talents or strengths? (Please give specific examples.)					
4.	How well do you think this applicant has thought out his/her plans for this program of study?					
5.	General Comments:					
6.						
	I recommend this applicant without reservation					
	I recommend this applicant with the	e following reservation(s):				
	I would not recommend this applicant for admission.					
	Why? (optional):					
		Signature:				
l	are aware that we are asking for liderable time and effort on your part in	Name:				
completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated. Please attach your business card or stamp if available.		Address:				
l	se write legibly, business stamps/cards are eptable with your signature.	Position:				
		Phone #:				
		Date:				