

**The University of Texas MD Anderson Cancer Center**  
School of Health Professions  
Professional Recommendation Form

**Instructions to the applicant:**

Complete items 1-4, print the form, sign it, and send it to a professional reference (professor, supervisor, manager, counselor, etc.) inside an UNSEALED stamped envelope addressed to:

*The Office of the Registrar  
The University of Texas Health Science Center at Houston  
P.O. Box 20036  
Houston, Texas 77225-0036*

NOTE: Make sure your reference is aware of your application deadline.

1. Provide 7 Digit Student ID or US Social Security Number – Information is not required \*\*

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2. Applicant's Name (Last, First Middle) – as it appears on your application for admission

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3. Name of program to which you are applying

Entering

\*\*Disclosure of your Social Security Number (SSN) is requested for the student records system at The University of Texas Health Science Center at Houston (the "University") and for compliance with Federal and State reporting requirements. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by Federal and State law. Federal law requires hospitals that incur indirect costs for graduate medical education programs and hospitals that receive Medicare payment for direct graduate medical educational activities to identify residents by SSN. The privacy and confidentiality of student records is protected by Federal and State law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law. With few exceptions, an individual student is entitled upon request to be informed about the information the University collects about the student, to receive and review the information, and is entitled to have the University correct any incorrect information about the student.

4. I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

**Check one of the following statements:**

I hereby WAIVE my right of access to this recommendation

I DO NOT WAIVE my right of access to this recommendation

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Applicant's Signature

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Date mm/dd/yyyy

**To the Recommender:** The individual named above has applied for admission to The University of Texas MD Anderson Cancer Center School of Health Professions.

We are seeking information that will aid us in the selection of capable students. It is important that students selected to this program be able to complete their academic and technical work successfully. They should also possess the personal qualifications essential for a member of the health care team. The applicant has selected you as an individual who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications.

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above, and matriculates, the student will be permitted to review this reference upon request.

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**Acquaintance with Applicant:** How long and in what professional connection have you known this applicant?

**Comments:** Please add any descriptive comments that will aid in providing a picture of the applicant's abilities and potential as a student and health care professional.

**Personal and Professional Appraisal**

Please rate the applicant in the following categories, using a scale of 5 (superior) to 1 (poor).

Characteristics	Superior 5	4	3	2	Poor 1
Academic potential					
Leadership					
Technical laboratory skills or work skills					
Sense of Responsibility					
Ability to work with people					
Motivation for a career in field of study					
Ability to adapt to new situations					
Ability to work independently					
Reliability					
Verbal communication skills					
Written communication skills					
Ability to solve problems					

**Recommendation:**

Strongly Recommend

Recommend

Recommend with reservations

Do not Recommend

If "Recommend with reservations," please explain:

\_\_\_\_\_  
Name of Professional Reference

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone