

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

**Instructions to the applicant**

Complete page 1 and have a professional reference complete page 2. A professional reference can evaluate your academic ability and suitability for our programs in allied health. Examples of professional references include your professor, supervisor, counselor, academic advisor, volunteer coordinator, etc. Do not include an additional letter of recommendation with this form.

The professional reference should mail both pages of this document to

*The Office of the Registrar  
UTHealth Houston  
P.O. Box 20036  
Houston, Texas 77225-0036*

Alternatively, if the reference is unable to mail the form, they may submit it by email to

[Student-Admissions@uth.tmc.edu](mailto:Student-Admissions@uth.tmc.edu)

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

1. 7-Digit UTH Student ID (You will receive your ID number upon completion of your application for admission)

\_\_\_\_\_

2. Applicant's Name as it appears on your application for admission

\_\_\_\_\_  
First Middle Last Suffix

3. Name of program to which you are applying Entering

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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?

**Personal and Professional Appraisal**

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

Characteristics	Superior					Poor
	5	4	3	2	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.

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

\_\_\_\_\_  
 Professional Reference Signature

\_\_\_\_\_  
 Date

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

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

\_\_\_\_\_  
 Organization

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

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

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

\_\_\_\_\_  
 Phone