

3. What do you consider the applicant's major weaknesses as they pertain to suitability for graduate study?

4. Please rate the applicant on the following with reference to potential for success in graduate study. For each of the categories check the appropriate box:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE
Analytical ability					
Quantitative ability					
Research ability					
Writing skills					
Oral communication skills					
Listening skills					
Interpersonal skills					
Maturity					
Self-confidence					
Motivation					
Initiative					
Leadership potential					

5. Comment on the ratings you assigned above and the applicant's record, potential or personal qualities that may be helpful to the Admissions Committee. We are interested in any insight you can add that might not otherwise be apparent on the applicant's record. Please use an additional sheet of paper if necessary.

6. Please check one:
- I strongly recommend this applicant
 - I recommend this applicant
 - I recommend this applicant, but with reservation(s)
 - I do not recommend this applicant

Please print or type the information below, or if you prefer, attach your business card. If you attach a business card, please sign and date the last line for authentication.

Name _____

Title _____

Department (if applicable) _____

Institution _____

Address _____

Daytime Phone Number (_____) _____

Signature _____ Date _____

Questions? Call 1-800-344-4698, ext. 1912; or email xumhsa@xavier.xu.edu **Web site:** <http://www.xu.edu/mhsa>

Mailing address: Admissions Committee, Department of Health Services Administration, Xavier University, 3800 Victory Parkway, Cincinnati OH 45207-7331