



TOUGALOO COLLEGE

500 West County Line Road

Tougaloo, MS 39174

POST-BACCALAUREATE CERTIFICATE PROGRAM IN HEALTH INFORMATICS MANAGEMENT AND SYSTEMS (HIMS) RECOMMENDATION FORM

PLEASE E-MAIL FORM TO ContinuingEducation@TOUGALOO.EDU OR FAX TO 1-601-977-4503

Tougaloo College does not discriminate on the basis of race, color, national and ethnic origin, in the administration of its educational policies, admission and recruiting policies, and athletic and other school administered programs.

APPLICANT INFORMATION

Applicant Last Name

Applicant First Name

Applicant Primary E-mail Address

RECOMMENDER INFORMATION

Recommender Last Name

Recommender First Name

Recommender Primary E-mail Address

Employer

Position Held

Work Phone

Secondary Phone

Employer Address

City

State

Zip

Highest Degree Earned _____ Specialization _____

APPLICANT OVERVIEW (Limit 60 words per question)

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

What do you consider to be the applicant's outstanding talents or strengths? _____

What do you consider to be the applicant's major liabilities or weaknesses? _____

What other comments do you believe might be helpful to the Admissions Committee pertaining to the applicant? _____

Applicant Last Name _____

Applicant First Name _____

COMPARATIVE ASSESSMENT

In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

Notes: In making your assessment, please select one of the following

- ❖ Superior (top 10%)
- ❖ Above Average (80%-90%)
- ❖ Average (50-79%)
- ❖ Poor (Below 50%)
- ❖ Unknown

☐ Intellectual ability _____

☐ Ability to analyze a problem and formulate a solution _____

☐ Oral communication skills _____

☐ Written communication skills _____

☐ Competent _____

☐ Leadership _____

☐ Creativity/Innovation _____

☐ Cooperativeness _____

☐ Dependability _____

☐ Motivation _____

☐ Self-Discipline _____

☐ Initiative _____

☐ Integrity _____

OVERALL ASSESSMENT

Your overall assessment of the applicant's ability to complete the Post-Baccalaureate program in HIM. (Limit 60 words)

By entering your signature below, you attest that the information given in the recommendation is your true and accurate assessment of the applicant to the best of your knowledge.

RECOMMENDER SIGNATURE (E-SIGNATURE ACCEPTABLE)

DATE