



Letters of Recommendation

Applicant Name: _____

The applicant may copy this form and give to each person who submits a letter of recommendation.

Letters of recommendation should address the following with respect to the applicant:

- ❖ Name of the applicant, how long and in what capacity you have known the applicant.
- ❖ Knowledge in the health care field, analytical ability, critical thinking, creativity, etc.
- ❖ Motivation, ability to set and accomplish goals, work ethic, potential for success in the health care field, and potential for success in the EHCA-MPA Program.
- ❖ Ability to work alone and with others.
- ❖ Overall endorsement of the applicant.

All letters of recommendation should be signed and appear on official letterhead.

Letters of recommendation may be submitted via email to ehca@uttyler.edu as a scanned PDF or mailed to the EHCA-MPA Program.

EXECUTIVE HEALTH CARE ADMINISTRATION MPA PROGRAM
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