

Letter of Reference

Doctor of Health Administration degree

This program uses a self-managed application process in which the student gathers all of the application materials and submits them in single packet.

Directions: The applicant listed below has applied for admission to the Doctorate of Health Administration program at Central Michigan University. In order to process this individual's application, it is necessary that we have letters to support the application. Therefore, we ask that you complete this form **and** author a letter on letterhead and return the form and letter directly to the applicant. In order to ensure confidentiality, please seal the form **and** your letter in an envelope with your signature across the envelope flap. The applicant will submit the form and letter unopened along with all other application materials. In writing your letter, please comment on the applicant's potential to successfully pursue doctoral studies and to make meaningful contributions to the field of healthcare management following degree completion.

Applicant: _____
(last) (first) (middle) (date)

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Signature _____ Date _____

Name (please print) _____

Street _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Please return this form directly to the applicant.

For more information call toll-free at (877) 268-4636

or e-mail us at cmuoffcampus@cmich.edu.

You also can visit our Web site www.cel.cmich.edu/dha.

We look forward to hearing from you.

CMU

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UNIVERSITY

