

Trident University

D.H.A. Program
5757 Plaza Dr., Ste 100
Cypress, CA 90630



D.H.A. PROGRAM REFERENCE FORM

This form is to be completed and submitted to the Admissions Department at admissions@trident.edu or fax to **800-403-9024**. For questions call **800-375-9878**.

TO BE COMPLETED BY APPLICANT

Applicant's Name: [Name]

Applicant's Phone Number: [Phone #]

Applicant's Email: [Email]

TO BE COMPLETED BY THE RECOMMENDER

Recommender's Name: [Name]

Recommender's Phone Number: [Phone #]

Recommender's Email: [Email]

How long have you known the applicant? [Months or Years] In what capacity do you know the applicant? [Capacity]

PLEASE INDICATE THE APPLICANT'S ABILITY AND PROFESSIONAL COMPETENCE IN THE FOLLOWING.

	Exceptional	Above Average	Average	Below Average	Not Applicable
Ability to critically assess organizational practices or policies					
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of preparation and professional experience					
Interpersonal and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience as an organizational leader					
Overall leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of challenges facing organizations					
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project management skills					

In addition to completing the information above, please provide specific comments regarding the applicant and more detail regarding the (a) ability to succeed academically in a doctoral program; (b) ability to address issues facing current organizations; (c) and potential to excel as a leader in health administration.

Signature: [Signature]

Date: [Date]