

Trident University

College of Health and Human Services
D.H.A. Program
5757 Plaza Dr., Ste 100 Cypress, CA 90630



D.H.A. PROGRAM APPLICANT COVER LETTER

Prospective students may use this form to meet the cover letter admission document requirement.
Send completed form to doctoraladmissions@trident.edu or fax 800-403-9024. For questions call 800-375-9878.

The purpose of the D.H.A. Program Applicant Cover Letter Form is to introduce yourself, briefly describe your qualifications and demonstrate your interest and commitment in pursuing the D.H.A. program at Trident. We also evaluate your communication skills.

Applicant's Name: [Applicant's Name]

Applicant's Email: [Applicant's Email]

Applicant's Phone Number: [Applicant's Phone #] Term of Application (E.G. Winter, Spring, Summer, or Fall):

1. Describe your professional work experiences and how they relate to the field of health administration. Provide examples where applicable.

2. Describe your leadership experience and leadership qualifications.

