



**DEPARTMENT OF HEALTH MANAGEMENT & INFORMATICS  
Program in Health Informatics & Information Management  
Reference Form**

**Reference for:** \_\_\_\_\_  
**To:** **Reference Writer**

The above named student is applying for admission to the limited access phase of the Health Informatics & Information Management Program in the College of Community Innovation and Education. Your assessment of this candidate is most important to our Admission Committee and will become a permanent part of his/her application. In accordance with the Board of Regents' policy, this document may be shown to the student, parent, or guardian at his request. Your assistance in this important task of evaluating applicants to our program is greatly appreciated.

**Please return the completed form to:**

Admissions Committee  
Health Informatics & Information Management Program  
University of Central Florida  
528 W. Livingston St., Suite 401  
Orlando, Florida 32801  
Or email to: HIIM@ucf.edu

EVALUATE	Excellent	Good	Average	Poor	N/A
Personality: (friendliness, attitude, enthusiasm)					
Appearance: (general grooming)					
Self-confidence: (at ease with others)					
Communication Skills: (ability to relate)					
Cooperation: (ability to work well with others)					
Dependability: (responsibility, reliability)					
Flexibility: (adapts to new ideas, situations)					
Intellectual Capability: (academic preparation, comprehension)					
Professional Potential:					

N/A = Not Applicable or Not observed

Please make any additional comments which you feel would assist the Admission Committee in evaluating this candidate.

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Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_ Relationship to candidate: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Date: \_\_\_\_\_ Email: \_\_\_\_\_