

**Coppin State University**  
**College of Health Professions**  
**School of Allied Health**  
**Baccalaureate Program**

**LETTER OF RECOMMENDATION**

**Directions To The Applicant:**

Please complete the section below and give this form to the counselor, community leader, former instructor, (preferably in the HIT or coding department or related program) or job supervisor.

Name (Legal) \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (U.S. Only) \_\_\_\_\_

**Right of Access**

I, \_\_\_\_\_, have requested that this form be used in the admission  
Print Name

process and counseling by officials of the Coppin State University, College of Health Professions, School of Allied Health. I understand that the Family Education Rights and Privacy Act of 1974 allow me the option to choose whether I will, or will not, have the right of access to read this letter of recommendation. Accordingly, I have chosen the following option as indicated by the appropriately checked space:

I waive access to this letter of recommendation. I understand it shall remain confidential and that I will not have access to read it.

I do not waive access to this letter of recommendation. I retain my right to have access to read it during the admission process within the Coppin State University, College of Health Professions, School of Allied Health.

***Directions To The Individual Providing Recommendation***

The applicant whose name appears below is a candidate for admission to the School of Allied Health, Health Information Management Program. We would value your honest appraisal of this applicant. Please complete both sides of this form and return it to the address listed below:

Coppin State University  
College of Health Professions  
School of Allied Health  
Office of Student Affairs & Retention (STAR)  
2500 West North Avenue  
Baltimore, Maryland 21216-3698  
(410) 951-3970

The Coppin State University, College of Health Professions, School of Allied Health will use this letter of recommendation only in the evaluation of the student's application for admission.

(over)

**1. Comparative Evaluation**

Please rate this applicant by comparison to other students, volunteers or employees, in terms of the following skills: The Comparative Evaluation is based on the following ratings: 0=No Basis for Comparison; 1=Poor; 2=Below Average; 3=Average; 4= Above Average; and 5=Outstanding.

	No Basis For Comparison 0	Poor 1	Below Average 2	Average 3	Above Average 4	Outstanding 5
Written Expression	—	—	—	—	—	—
Oral Expression	—	—	—	—	—	—
Creativity	—	—	—	—	—	—
Leadership	—	—	—	—	—	—

**2. Overall Recommendation:** The overall recommendation of this applicant must be rated as followings: 1=Not Recommended; 2=Without Enthusiasm; 3=Fairly Strongly; 4=Strongly; and 5=Enthusiastically.

	Not Recommended 1	Without Enthusiasm 2	Fairly Strongly 3	Strongly 4	Enthusiastically 5
For Academic Promise	—	—	—	—	—
For Personal Character	—	—	—	—	—

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

**3. Comments: (Optional)** Comment on the applicant's intellectual ability and personal character, potential for intellectual growth, emotional stability, honesty, and integrity.

**4. Endorsement** \_\_\_\_\_  
Signature Date

Name \_\_\_\_\_ Position \_\_\_\_\_  
Print

Institution \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (U.S. Only) \_\_\_\_\_

E-mail address \_\_\_\_\_