HEALTH PROFESSIONS

Scholarship Reference Letter
The University of Texas at Arlington

TO BE COMPLETED BY APPLICANT

Applicant’s Name______________________________________________________________

Address______________________________________________________________________

TO BE COMPLETED BY INDIVIDUAL MAKING THE RECOMMENDATION

Name__________________________________________________________________________

Title of Position________________________________________________________________

Name of Institution___________________________________________________________

How long have you known the applicant?________________________________________

In what capacity? Student___________ Employee__________ Friend______________

Please evaluate the applicant on the basis of personal attributes, service to the campus or community, and academic performance.

__________________________________________________________________________________

Signature of Reference Date

Please return to: Edward T. Morton
Health Professions Advisor, UTA
P. O. Box 19047
Arlington, TX 76019

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UTA correct this information according to procedures set forth in sections 552.02, 552.023 and 599.004 of the Texas Government Code.

10/23/02