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.

08/15/07