

Trident University International

A Member of the American InterContinental University System
2200 East Germann Road, Suite 150
Chandler, AZ 85286



DHA PROGRAM REFERENCE FORM

This form is to be completed and submitted to the Admissions Department at doctoraladmissions@trident.edu or fax to **800-403-9024**. For questions call **800-375-9878**.

TO BE COMPLETED BY THE APPLICANT

Applicant's Name:

Applicant's Phone Number:

Applicant's Email:

TO BE COMPLETED BY THE RECOMMENDER

Recommender's Name:

Recommender's Phone Number:

Recommender's Email:

How long have you known the applicant?

In what capacity do you know the applicant?

PLEASE INDICATE THE APPLICANT'S ABILITY AND PROFESSIONAL COMPETENCE IN THE FOLLOWING

	Exceptional	Above Average	Average	Below Average	Not Applicable
Ability to critically assess organizational practices or policies					
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of preparation and professional experience					
Interpersonal and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience as an organizational leader					
Overall leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of challenges facing organizations					
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project management skills					

In addition to completing the information above, please provide specific comments regarding the applicant and more detail regarding the (a) ability to succeed academically in a doctoral program; (b) ability to address issues facing current organizations; (c) and potential to excel as a leader in health administration.

Signature:

Date: