

Tennessee State University
College of Health Sciences
Department of Health Administration and Health Sciences
330 10th Avenue North
Suite D-400
Nashville, Tennessee 37203-3401
Phone: 615-963-7367
Fax: 615-963-7011
Website: www.tnstate.edu

Health Care Administration Application for Admission
(Please write legibly and complete the application in its entirety.)

Name: _____
 First Middle Last

Email address: _____ T# or Social Security # _____

Race/Ethnicity: African American/Black _____ Caucasian _____ Other _____ Citizenship (country) _____

Date of Birth: _____ Sex: _____

Local Address: _____ Permanent Address: _____

Local Telephone Number: (____) _____ Permanent Telephone Number : (____) _____

Cellular Telephone Number: (____) _____

Status: New Student _____ Transfer Student _____ Change of Major _____

Applying for: Fall 20 _____ Spring 20 _____ Summer 20 _____

Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

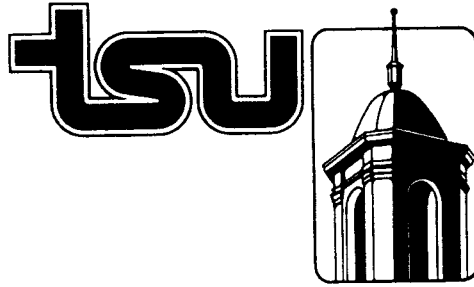
Expected Graduation Date: _____ Current GPA: _____ Full-Time/Part-Time _____

How did you hear about the program in Health Care Administration?

Catalog _____ Online _____ Friend _____ Other _____

This application must be accompanied by a personal goal statement reflecting your career goals and objectives. Personal goal statements should be clear, concise and at least one full paragraph and no longer than one full page in length (double spaced). Two letters of recommendation, one from a teacher or employer and one character reference are also required. At the time the application is submitted, applicants must possess a current cumulative GPA of 2.5 (on a 4.0 scale). Failure to comply with any of the above requirements is just cause for not being admitted into the program.

Personal Goal Statement
(Please type.)



College of Health Sciences
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Health Administration and Health Sciences
(615) 963-7367 Fax: (615) 963-7011

RE: _____
(Applicant, please print your full name.)

Dear Sir/Madam:

The person who sent you this letter is applying for admission into the undergraduate program in Health Care Administration. If the applicant is accepted and successfully completes the four year sequence, the Bachelor of Science Degree in Health Care Administration and Planning will be conferred by Tennessee State University.

Please take a moment to provide the Admissions Committee with your frank and unbiased opinion regarding the applicant's potential leadership, academic ability, emotional make-up, character, personality, motivation and maturity. If the applicant is your former or present employee, please provide an evaluation about his/her employment history. If the applicant is a former student, we would like to know if the applicant is capable of successfully completing the program of study. Enclose the recommendation in a sealed envelope, sign across the back of the envelope, and give to the student to include in the admission packet or mail directly to me.

All information you provide will be held in strict confidence. No action will be taken by the Admissions Committee until we have received references. Therefore, we would appreciate a timely response.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Brown".

Elizabeth Brown, PhD
Interim Department Head and Assistant Professor



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Tennessee State University
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Health Administration and Health Sciences
(615) 963-7367 Fax: (615) 963-7011

TO: All Applicants
FROM: Elizabeth L. Brown
Elizabeth Brown, PhD
Interim Department Head and Assistant Professor
DATE: _____
RE: Letter of Recommendation

Please print your name on the attached form and give one copy of the recommendation form to each person you would like to provide you with a recommendation. As soon as we receive the letter of recommendation and other required documents, the Admissions Committee will provide you with a prompt decision regarding the status of your application to the Health Care Administration Program.

**Tennessee State University
College of Health Sciences
Department of Health Administration and Health Sciences
Evaluation and Recommendation**

Section I: To be completed by applicant (please print or type)

Last Name	First Name	Middle Name	
Local Address	City	State	Zip Code
Permanent Address	City	State	Zip Code

I have requested that this evaluation and recommendation form be completed by the recommender for use in the admission process by the Admissions Committee in the Department of Health Administration and Health Sciences at Tennessee State University.

Student Signature	Date
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**Section 2:
To be completed by the recommender.**

Utilizing the scale below, please indicate your opinion by circling the number beside each statement which appropriately expresses your feelings.

(1) Poor	(2) Fair	(3) Average	(4) Above Average	(5) Exceptional	
5	4	3	2	1	Personal integrity
5	4	3	2	1	Social and emotional maturity
5	4	3	2	1	Ability to work well with others
5	4	3	2	1	Promise of professional growth
5	4	3	2	1	Leadership qualities
5	4	3	2	1	Oral communication skills
5	4	3	2	1	Written communication skills
5	4	3	2	1	Perseverance toward goal attainment

How long have you known the applicant and in what capacity?

Please feel free to write any additional comments which will help the Admissions Committee make its decision.

Indicate the strength of your overall endorsement by checking the appropriate box

Do not recommend Recommend with reservations Highly recommend

To be completed by the recommender.

Name (please print) _____

Address _____

Telephone Number _____

Signature _____

Title _____

Organization _____

Date _____

Please return the completed form to the student in a sealed envelope or mail to me directly to:

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College of Health Sciences
Tennessee State University
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Health Administration and Health Sciences
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FROM: Elizabeth Brown
Elizabeth Brown, PhD
Interim Department Head and Assistant Professor
DATE: _____
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