



Atlanta University of Health Science

302 Satellite Blvd, NE, Suite 109, Suwanee, GA 30024

p (678) 731-7141 p (678) 477-5275 www.atlantauniv.org

Personal Essay (Study Plan)

Applicant Name: Last
Degree Program

First

Date



Atlanta University of Health Science

302 Satellite Blvd, NE, Suite 109, Suwanee, GA 30024

p (678) 731-7141 p (678) 477-5275 www.atlantauniv.org

Letter of Recommendation

Instruction to the applicant:

1. Complete the following personal information, and hand this form to your reference who has known you for more than at least an year.
2. Please submit the complete form to the Office of Admissions of AUHS as follows. Unless the form is not received, your admission application will not be processed.

Applicant Name

Degree Program

Address

Phone Number

Respondent's Name

Address

Contact Number

Occupation

How long have you known the applicant?

1. Do you feel confident that the applicant has a sense of commitment to the AOM study and practice?
2. Are you aware of any applicant's personal habits which may interfere his/her school life?
3. In what area of AOM work is the applicant now engaged?
4. Do you have any knowledge of financial irresponsibility on the part of the applicant?
5. Please rate the applicant on the following characteristics: (low -1, average - 3, very high - 5)

Leadership ability

Responsibility

Moral Character

Self-Confidence

Liveliness

Maturity

Common sense

Physical health

Mental Health

6. Would you feel comfortable having this applicant work with you should the occasion arise?

7. Would you recommend for admission at Atlanta University of Health Science?

Comment:

Respondent's Signature

Date



Atlanta University of Health Science

302 Satellite Blvd, NE, Suite 109, Suwanee, GA 30024

p (678) 731-7141 p (678) 477-5275 www.atlantauniv.org

Letter of Recommendation

Instruction to the applicant:

1. Complete the following personal information, and hand this form to your reference who has known you for more than at least an year.
2. Please submit the complete form to the Office of Admissions of AUHS as follows. Unless the form is not received, your admission application will not be processed.

Applicant Name

Degree Program

Address

Phone Number

Respondent's Name

Address

Contact Number

Occupation

How long have you known the applicant?

1. Do you feel confident that the applicant has a sense of commitment to the AOM study and practice?
2. Are you aware of any applicant's personal habits which may interfere his/her school life?
3. In what area of AOM work is the applicant now engaged?
4. Do you have any knowledge of financial irresponsibility on the part of the applicant?
5. Please rate the applicant on the following characteristics: (low -1, average - 3, very high - 5)

Leadership ability

Responsibility

Moral Character

Self-Confidence

Liveliness

Maturity

Common sense

Physical health

Mental Health

6. Would you feel comfortable having this applicant work with you should the occasion arise?

7. Would you recommend for admission at Atlanta University of Health Science?

Comment:

Respondent's Signature

Date