



 HCAP
APPLICATION



Health Care Administration Program Application



Department of
Public Health, Health Administration & Health Science
College of Health Science
Tennessee State University
Avon Williams Campus
330 10th Ave. N.
Suite D 400
Nashville, Tennessee 37203-3401

**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/phas

**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) _____

(If other, please specify) _____

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 _____

Are you a double major? If yes, please indicate your second major: _____

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 page 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 Goals Statement

(Please type)

TO: All Applicants

FROM: *Elizabeth Brown*
Elizabeth Brown, Ph.D. MSPH, NHA Associate Professor and
Department Chair

DATE: Letter of Recommendation

RE:

Please type or 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 and Planning Program.

RE: _____

(Applicant, please print your full name.)

Dear Sir/Madam:

The person who sent you this letter is applying for admission to the undergraduate program in Health Care Administration. If the applicant is accepted and successfully completes the four year program of study, 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 about the applicant's potential leadership ability, 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. After completing the recommendation, enclose the recommendation in a sealed envelope, sign across the back of the envelope, and give it to the student to include in the admission packet or e-mail directly the Senior Office Assistant Mrs. Jordan Romero (Grover) at jgrover@tnstate.edu.

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

Sincerely,

Elizabeth Brown

**Elizabeth Brown, Ph.D. MSPH, NHA
Associate Professor and Department Chair**

Tennessee State University
College of Health Sciences
Department of Public Health, Health Administration and Health Sciences
Evaluation and Recommendation
Accelerate HCAP Program

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

Last Name	First Name	Middle Name
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Local Address	City	State	Zip Code
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Permanent Address	City	State	Zip Code
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I have requested that this evaluation and recommendation form be completed by the recommender for the admission process by the Admissions Committee in the Department of Public Health, 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 communications 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 to the address listed below or e-mail to Mrs. Jordan Romero (Grover) at jgrover@tnstate.edu.

Department of Health Administration and Health Sciences
College of Health Sciences
Tennessee State University
330 10th Avenue North
Suite D-400
Nashville, TN 37203-3401

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

Dear Sir/Madam:

The person who sent you this letter is applying for admission to the undergraduate program in Health Care Administration. If the applicant is accepted and successfully completes the four year program of study, 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 about the applicant's potential leadership ability, 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. After completing the recommendation, enclose the recommendation in a sealed envelope, sign across the back of the envelope, and give it to the student to include in the admission packet or e-mail directly the Senior Office Assistant Mrs. Jordan Romero (Grover) at jgrover@tnstate.edu.

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

Sincerely,

Elizabeth Brown

Elizabeth Brown, Ph.D. MSPH, NHA
Associate Professor and Department Chair

Tennessee State University
College of Health Sciences
Department of Public Health, Health Administration and Health Sciences
Evaluation and Recommendation
Health Science Program

Section 1: To be completed by the applicant (please type or print)

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 the admission's process by the Admissions Committee in the Department of Public Health, Health Administration, and Health Sciences at Tennessee State University.

Student's Signature	Date
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Section 2: To be completed by the recommender:

Utilizing the scale below, please provide your opinion by circling the number beside each statement which appropriately expresses your assessment of the student.

	(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 communications 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 Admission's Committee make its decision.

Indicate the strength of your overall assessment of the student by checking the appropriate box.

Do not recommend **Recommend with reservations** **Highly recommend**

To be completed by the recommender.

Name (please type or print)

Address _____

Telephone Number _____

Signature _____

Title _____

Organization _____

Date _____

Please return the completed form via e-mail to [Mrs. Jordan Romero \(Grover\) at jgrover@tnstate.edu](mailto:jgrover@tnstate.edu), or you can provide the completed form to the student in a sealed envelope or mail it directly to:

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