

**RECOMMENDATION FORM**  
**Academic and professional references only**

Applicant's Name \_\_\_\_\_  
Last First Middle

To the applicant: The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letter of recommendation that are part of the student's application and are retained in the files at Indiana University. The law also permits that applicant to sign a waiver relinquishing rights to inspect letters of recommendation.

The applicant's signature below constitutes a waiver: no signature means that if the applicant is admitted and begins the program, the student has the right to inspect the recommendation.

If admitted to the MPH Program, I waive my right to inspect the letter of recommendation below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To the Evaluator: You have been selected as a reference by this applicant for admission to the Master of Public Health (MPH) or The Graduate Certificate in Public Health Program at Indiana University Purdue University in Indianapolis (IUPUI). We hope that you will help both the applicant and us by giving your forthright evaluation of this applicant's potential to be a public health professional.

How long have you known the applicant?     Less than one year                       One year or more

How well do you know the applicant?     Casually                       Fairly well                       Very well

Briefly explain how you know the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where would you rank this applicant in respect to their qualifications?

Qualifications	Excellent	Above Average	Average	Below Average	Not Observed
Ability to work with people					
Ability to work in teams					
Quantitative ability					
Intellectual ability					
Knowledge and competence					
Motivation and diligence					
Leadership ability					
Research ability					
Work habits perseverance					
Effective communication skills					
Writing ability					
Initiative and perseverance					
Originality, aptitude for independent problem solving					

Some factors viewed as important for success in this program are: intellectual capacity, leadership ability, motivation and emotional maturity. If you alone were making the decision, which of the following recommendations would you choose?

- Seek out - Will be a truly outstanding student and later professional.
- Definitely accept - Will complete the MPH Program at a superior level.
- Accept - Should complete the MPH Program at a satisfactory level.
- Accept, but with reservation concerning ability or motivation (Please explain below)
- Do not accept (Please explain below)

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Evaluator \_\_\_\_\_

Name (print or type) \_\_\_\_\_  
Last First Title/Affiliation

Address City State Zip

Telephone (Office) \_\_\_\_\_ (Other) \_\_\_\_\_

E-mail address \_\_\_\_\_

The graduate program and the applicant will appreciate prompt return of this reference, since all application materials must be sent collectively.

Please mail recommendation form and additional comments in sealed envelope to:

IU Department of Public Health  
Admissions  
714 N. Senate Avenue Suite 250  
Indianapolis, IN 46202

**Use this space for comments about the applicant:**

**Please send to: IU Department of Public Health  
Attn: Admissions  
714 North Senate Ave Suite 250  
Indianapolis, IN 46202**