

**University of Kansas School of Medicine Master of Public Health Program**

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**RECOMMENDATION FORM  
Master of Public Health**

**TO THE APPLICANT:** This recommendation and associated letter will become part of your admissions file. They will not be released to any unauthorized individual without your consent. Please check one of the boxes and sign the statement below. If you fail to check one of the boxes, you will voluntarily waive your right to access.

I have read the information above and I hereby  waive  do not waive my right of access to this document and associated letter.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS TO THE APPLICANT:** Three recommendations are required for each applicant. Please fill out the information down to the double line and then give one of these forms with an envelope to each of the persons you are naming as evaluators. Please ask them to return the signed and sealed envelope to you. Evaluators should be chosen from faculty who are able to comment on your qualifications for graduate study. If you have been away from academic work for some time, this form may be given to some other person who is able to comment on your academic qualifications. Please type or print in black ink.

NAME OF APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (with area code): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Semester for Which You Are Applying: \_\_\_\_\_

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**INSTRUCTIONS TO THE EVALUATOR:** Please complete items 1 and 2, the Summary Evaluation and a separate letter. Return the completed evaluation form and letter to the applicant in the sealed envelope with your signature across the seal. The applicant will then forward the materials to the KU-MPH Program. Thank you for your time.

Name of Evaluator (please print): \_\_\_\_\_

Position and/or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (with area code): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

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## KU-MPH Recommendation Form

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1. How long have you known the applicant and in what capacity? (if faculty, include all courses and role as an advisor).

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2. Please rate the applicant in comparison with other individuals of the same background and experience with whom you have been acquainted.

	Outstanding (Top 10%)	Very Good (Next 10%)	Good (Next 20%)	Average (Middle 40%)	Below Average (Bottom 20%)	Unable to Judge
Motivation and initiative	_____	_____	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____	_____	_____
Quantitative skills	_____	_____	_____	_____	_____	_____
Research ability	_____	_____	_____	_____	_____	_____
Intellectual capabilities	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____
Ability to interact effectively With faculty, students and Colleagues	_____	_____	_____	_____	_____	_____
Character and integrity	_____	_____	_____	_____	_____	_____
Overall Education	_____	_____	_____	_____	_____	_____

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### SUMMARY EVALUATION

\_\_\_\_\_ I strongly recommend this applicant for admission and feel that he/she has the capability to perform at a superior level

\_\_\_\_\_ I recommend this applicant for admission and feel his/her performance should be comparable to that of most graduate students

\_\_\_\_\_ I feel that the applicant's qualifications are marginal, but if admitted he/she would greatly benefit from study in the program

\_\_\_\_\_ I do not recommend this applicant for admission to KU-MPH Program

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**In a separate letter please comment on the candidate's strength and weaknesses. Please include information on such factors as the candidate's academic or employment record, potential for success in public health and personal qualities. We are especially interested in any other information you might add that would otherwise not be apparent in the candidate's record.**