MPH GRADUATE PROGRAM – WAIVER & RECOMMENDATION FORM

APPLICANT: Complete both the Applicant and Recommender information sections of this form. Print this form and give to your recommender for submission with his/her letter of recommendation and evaluation. Letters and evaluations received without this completed form and without the recommender’s signature will be returned to the recommender. Please type or print.

Applicant Last Name  First Name  Middle Name

Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect his/her records, including letters of recommendation. Students are also permitted to waive their rights of access to recommendations.

☐ I WAIVE my right to inspect the contents of the following recommendation.

☐ I DO NOT WAIVE my right to inspect the contents of the following recommendation.

Applicant’s Signature  Date

Recommender: This recommendation will remain confidential during the admissions evaluation. Note: If an admitted and enrolled applicant did not waive the right to read the letter, s/he may read it.

Recommender Last Name  First Name  Middle Initial

University/Institution

Recommender’s Signature  Date

Please return to:
Jane Gallegos, Admissions Analyst
CSUF Department of Health Science
MPH Program
800 N. State College Blvd – KHS 121
Fullerton, CA 92831

MPH Grad Program 10/17

THE CALIFORNIA STATE UNIVERSITY
Bakersfield / Channel Islands / Chico / Dominguez Hills / East Bay / Fresno / Fullerton / Humboldt / Long Beach / Los Angeles / Maritime Academy
Monterey Bay / Northridge / Pomona / Sacramento / San Bernardino / San Diego / San Francisco / San Jose / San Luis Obispo / San Marcos / Sonoma / Stanislaus
MPH GRADUATE PROGRAM – WAIVER & RECOMMENDATION FORM

Name of Applicant: ______________________________________________

The above named student has completed an application for admission to the Master of Public Health program at California State University, Fullerton. You can help greatly in the evaluation of this applicant by giving us your opinion concerning her/his academic abilities and potential for success in a graduate program. Please evaluate the applicant with reference to other students you have known in the same capacity.

Length of time you have known the applicant: ________________

In what capacity? ______________________________________________

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<thead>
<tr>
<th>Academic ability</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>Do not know</th>
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<tbody>
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<td>Initiative/Potential to succeed</td>
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<td>Written communication ability</td>
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<td>Oral communication ability</td>
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<td>Laboratory and/or practical ability</td>
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Recommendation: □ This applicant is highly recommended
                □ This applicant is recommended
                □ This applicant is recommended with some reservations
                □ This applicant is not recommended

Please attach a letter (on letterhead) with reference to the applicant’s strengths and weaknesses. Seal and sign the envelope and please return to:

Jane Gallegos, Admissions Analyst
CSUF Department of Health Science
MPH program
800 N. State College Blvd – KHS 121
Fullerton, CA 92831