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 admission process.
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:
Health Science Department, CSUF
MPH Graduate Program
ATTN: Mary Aboud, Graduate Admissions Coordinator
800 N. State College Blvd – KHS 121
Fullerton, CA 92831

MPH Grad Program 9/14
MPH GRADUATE PROGRAM – WAIVER & RECOMMENDATION FORM

Name of Applicant: ________________________________________________________

The above named student has completed an application for admission to the Master’s Degree of Public Health at Cal State 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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<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>
<tr>
<td>Academic ability</td>
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<td>Initiative/Potential to succeed</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:

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