

Section I: Confidentiality Waiver for Letter of Recommendation Form

Master of Public Health (MPH) Program

Kansas State University, Manhattan, KS 66506

Name: Date of planned admission:

Applicant: You must sign and date **ONE** of the following statements before giving this form to the referent.

- 1) I wish to have access to this letter of recommendation and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's signature: _____ Date:

- 2) I wish this letter of recommendation to be confidential and I hereby waive any and all access rights granted me by the above laws in this recommendation.

Applicant's signature: _____ Date:

Referent: Please complete the section below and forward to the address at the end of the form.

Section II: Rating Scale – Master of Public Health (MPH) Program

(Be sure the Confidentiality Waiver Section is filled out and signed before completing this form.)

The person whose name appears above has applied for admission to the MPH Program at Kansas State University. Your evaluation of the applicant will assist the faculty in the selection process.

How long have you known the applicant? In what capacity?

Compared with others you have known in this capacity, how would you rank the applicant's performance?

Top 1% ☐ Top 5% ☐ Top 10% ☐ Top 25% ☐ Below 50% ☐

Please CHECK the appropriate evaluation:

	Extraordinary	Outstanding	Above Average	Average	Below Average	Cannot Judge
Ability to communicate orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and professional ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section III: Letter of Reference – Master of Public Health (MPH) Program

On this page or in a separate letter, please give your assessment of the applicant's overall academic ability and potential for leadership and scholarly work in the field of public health. Please cite specific examples.

<div>Signature</div>	<div>Date</div>
<div>Print Name</div>	<div>Institution or Agency</div>
<div>Street Address</div>	<div>City, State, Zipcode</div>
<div>Position/Title</div>	<div>Telephone/E-mail</div>

Please return to: Director, MPH Program, Kansas State University
311 Trotter Hall, Manhattan, KS 66506-5615