



DES MOINES UNIVERSITY
LETTER OF RECOMMENDATION FORM

(please print or type)

Applicant Name _____

To the Applicant: Complete the information listed below, sign the confidentiality statement and give this form to your reference.

The Family Education Rights and Privacy Act (PL 93-380) allows a candidate to waive the right of access to recommendations written on his/her behalf if the recommendation is used only for the purpose of admission. DMU does not require that you waive access. Under this law, you have the option of signing a waiver.

Check one: I waive my right of access to this letter.
 I do not waive my right of access to this letter.

Program applying to: Master of Public Health
 Graduate Certificate in Public Health

Signature of Applicant

Date

To the Letter Writer: The individual named above is seeking admission to the Master of Public Health program offered through Des Moines University.

Please submit the letter on official letterhead and submit with this signed form.

Within your letter please indicate the length and details of your acquaintance, your knowledge of the personal and professional qualities of the applicant and your opinion of his/her suitability for a career in public health.

Return to the address provided below.

Reference signature

Date

Print Name

Print Position

Return to:

Des Moines University
MPH Admission Coordinator
3200 Grand Avenue
Des Moines, IA 50312-4198