

**THE UNIVERSITY OF MEMPHIS  
REFERENCE LETTER  
FOR MASTER OF PUBLIC HEALTH (MPH) PROGRAM**

<b>APPLICANT: THREE PROFESSIONAL AND/OR ACADEMIC REFERENCES ARE REQUIRED.</b>		
To be completed by the applicant:		
For admission to:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Year
Applicant's Full Name		
Social Security No.	Date of Application	
Recommended By		
Do you want to waive your right of access to this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>To be completed by the person making the recommendation:</b>		
The applicant has given your name as a reference in support of his/her application for Master of Public Health (MPH) Program. We would appreciate your candid evaluation of the applicant's potential. In keeping with the Family Educational Rights and Privacy Act, please be aware that students have a right to see their records, including recommendations.		
A. How well do you know the applicant?		
<input type="checkbox"/> Quite Well <input type="checkbox"/> Moderately Well <input type="checkbox"/> Know Only Slightly		
In what capacity	For how long? ___ Years	
B. Overall, do you recommend this applicant for admission to the Master of Public Health Program?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, with reservations <input type="checkbox"/> Yes, without reservations		
C. Please rank the applicant among his/her contemporaries (e.g. among the top 10%):		
D. Any brief comments:		
(Please attach a detailed letter on your official letterhead evaluating candidate's potential for success in the MPH program.)		
Signature	Date	
Position Institution		
Street Address	Apartment #	
City	State	Zip
Home Phone	Work Phone	
Email Address		

Please complete this form and return with a letter of recommendation to:  
 Master of Public Health (MPH) Program  
 ATTN: Shirl Sharpe  
 204 Scates Hall  
 The University of Memphis