

# Master of Public Health Application Recommendation Form

**Mail to:** MPH Admissions Committee  
 Department of Public Health Sciences  
 MS 1-C  
 University of California, Davis  
 Davis, CA 95616-8638

**Applicant:** Complete the top portion of this form. Then mail this form to your references with a stamped envelope addressed to the address above.

Name of applicant: \_\_\_\_\_  
 (Please print) Last Name (legal family name) First Name Middle Name

**OPTIONAL WAIVER OF RIGHT OF ACCESS:** \* I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by \_\_\_\_\_ (name of recommender) on behalf of my application for admission to the University of California, Davis, Master of Public Health Program, and for award of financial assistance, if applicable. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of financial assistance, if applicable.

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\* The Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the name of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of fellowship. However, under the legislation you have the option of signing such a waiver as above.

**Recommender:** We would appreciate your personal impressions of the person named above who is applying for admission and/or for financial assistance at the University of California, Davis, specifically the applicant's intellectual ability, aptitude in research or scholarship, and professional accomplishment? **Use the other side of this sheet if necessary, or attach a separate sheet.**  
*Because the University of California, Davis is in compliance with Section 504 of the Rehabilitation Act of 1973, we discourage you from referring directly or indirectly to an applicant's disability.*

Do not return the completed form to the applicant, but mail it directly to the address above by **January 15**.

**Please rate this applicant in over-all promise (check one):**

<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Somewhat Above Average	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Outstanding	<input type="radio"/> Truly Exceptional	<input type="radio"/> Inadequate Opportunity To Observe
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Recommender's Name (please print): \_\_\_\_\_

Position or Title: \_\_\_\_\_ at \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_