Master of Public Health Recommendation Form

This section to be completed by the applicant. Please type or print.						
Name of Applicant	Social Security Number					
Home Address (Street, R.R., or PO Box)						
City						
Primary Email Address						
Home Phone ()						
Cell Phone ()	_					
The Family Education Rights and Privacy Act of 1974 and its amendments guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant's choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.						
☐ I do waive my rights to inspect the contents of the following recommendation.						
☐ I do not waive my rights to inspect the contents of	□ I do not waive my rights to inspect the contents of the following recommendation.					
Signature of Applicant	Date					

RECOMMENDATION

This section to be completed by reference respondent.

(Note: Confidentiality of recommendations cannot be guaranteed unless applicant waives right of access.)

Directions to Respondent: The person named above is applying for admission to Indiana Wesleyan University. Please indicate (✔) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

ABILITIES AND COMPETENCIES	OUTSTANDING TOP 10%	VERY GOOD UPPER 25%	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE OR ASSESS
General knowledge of field					
Interactions with others					
Ability to work in a group					
Problem-solving skills					
Critical thinking skills					
Personal responsibility					
Ethical conduct					
Oral communication skills					
Written communication skills					
Leadership skills					
Motivation and initiative					

Master of Public Health

Recommendation Form

Continued

How long have you known the applicant?					
In what capacity have you known the applicant?					
Please indicate your overall endorsement of the applicant for graduate studies:					
☐ Recommend highly ☐ Recommend ☐ Recommend with reservation					
Additional Comments					
Name of Respondent (Please print or type)					
Relationship to Applicant:					
☐ Former instructor ☐ Pastor ☐ Direct Supervisor ☐ Co-worker					
Position/Title					
Institution/Organization					
Home Address (Street, R.R., or PO Box)					
CityStateZip					
Primary Email Address					
Home Phone ()					
Cell Phone () Fax ()					
SignatureDate					

Please return completed form to:

Indiana Wesleyan University Adult Enrollment Services 1900 West 50th Street Marion, IN 46953 Phone: 866-498-4968

Fax: 765-677-2601