

MASTER OF PUBLIC HEALTH RECOMMENDATION FORM



This section is to be completed by the applicant. Please type or print.

Name of Applicant _____ Social Security _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Primary Email Address _____

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 not waive by rights to inspect the contents of the following recommendation.

Signature of Applicant _____ Date _____

TO THE INDIVIDUAL SUBMITTING RECOMMENDATION: The individual above is applying for admission into the Master of Public Health. We would be grateful for your frank and detailed evaluation of this applicant by providing answers to the attached document. We are particularly interested in specific information concerning the applicant's intellectual and personal characteristics as well as performance that may relate to her or his suitability for the study and practice of athletic training. Thank you.

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



RECOMMENDATION

This section is 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 (X) applicant ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

<i>Please (X) the appropriate box</i>	Outstanding Top 10%	Very Good Upper 25%	Average	Below Average	Above 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						

Additional Comments:



How long have you known applicant? _____

In what capacity have you known applicant? _____

Please indicate your overall endorsement of the applicant for graduate studies:

Recommend highly

Recommend

Recommend with reservation

Name of Respondent _____

(Please print or type)

Relationship to Applicant:

Former Instructor

Direct Supervisor

Pastor

Co-Worker

Position/ Title _____

Institution/ Organization _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Primary Email Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Fax (_____) _____

Signature _____ Date _____