

**Section I: Confidentiality Waiver for Letter of Recommendation Form
Master of Public Health (MPH) Program
Kansas State University
Manhattan, KS 66506**

To the applicant: Please complete the following before giving this form to the referent:

Name: _____
(First name or Individual name) (Middle Initial) (Last name or Family name)

Date of planned admission: _____

The applicant should sign and date **ONE** of the following statements:

- 1) I wish to have access to this letter of recommendation and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's signature: _____

Date of signature: _____

- 2) I wish this letter of recommendation to be confidential and I hereby waive any and all access rights granted me by the above laws in this recommendation.

Applicant's signature: _____

Date of signature: _____

To the referent: Please complete the next section of this form and forward to the address at the end of the form.

Continue on the next page...

Section II: Rating Scale
Master of Public Health (MPH) Program

(Be sure you have a signed copy of the Confidentiality Waiver Section before completing this form.)

Applicant's name _____
Please print name

The person whose name appears above has applied for admission to the Master of Public Health (MPH) Program at Kansas State University. Your evaluation of the applicant will assist the faculty in the selection process.

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? _____

Compared with others you have known in this capacity, how would you rank the applicant's performance?

Top 1% Top 5% Top 10% Top 25% Below 50%

Please CHECK the appropriate evaluation:

| | Extraordinary | Outstanding | Above Average | Average | Below Average | Cannot Judge |
|-----------------------------------|---------------|-------------|---------------|---------|---------------|--------------|
| Ability to communicate orally | | | | | | |
| Ability to communicate in writing | | | | | | |
| Creativity | | | | | | |
| Motivation | | | | | | |
| Perserverance | | | | | | |
| Organization | | | | | | |
| Problem solving | | | | | | |
| Initiative and responsibility | | | | | | |
| Integrity and professional ethics | | | | | | |

Continue on the next page...

Section III: On this page or in a separate letter, please give your assessment of the applicant's overall academic ability and potential for leadership and scholarly work in the field of public health. Please cite specific examples.

| | |
|----------------|-----------------------|
| Signature | Date |
| Print Name | Institution or Agency |
| Street Address | City, State, Zip code |
| Position/Title | Telephone |

Please return to: MPH Program Director, Kansas State University, 1 Trotter Hall, Manhattan, KS 66506