

College of Health Sciences Department of Health Studies
GRADUATE MPH PROGRAM



RECOMMENDATION FORM

MPH GRADUATE PROGRAM: The Applicant
(Complete the application and sign)

Applicant Name (print): _____

University ID # (If available) : _____

I waive my right to see this form after it is completed: ____

I do not waive my right to see this form after it is completed: ____

(This statement is in compliance with Federal Law P.L. 93-380 the Family Education Rights and Privacy Act of 1974).

Applicant Signature: _____ Date: _____

TO THE ASSESSOR:

The above named applicant has applied to the Department of Health Studies at College of Health Sciences; Chicago State University, Chicago, IL 60628. This candidate is requesting recommendation from you. We will appreciate you candid opinion about the applicant preparedness for graduate academic work.

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

Please complete and rate the applicant in relationship to other candidates you have known in a similar capacity.

QUALITIES	EXCELLENT UPPER 10%	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO JUDGE
1. Responsibility/Integrity: Accepts responsibility for own behavior. Trustworthy, dependable, and reliable					
2. Initiative: Has the ability to complete assignment					
3. Problem Solving Skills: Independent Thinker. Recognizes problems and seeks solutions.					
4. Organizational abilities: Ability to plan, schedule and complete work. Gets along with others.					
5. Leadership: Work well in groups and complete individual assignments.					
6. Self respect and respects others					
7. Effectiveness In Speaking: Eloquent, concise in oral presentation of facts.					
8. Potential For Scholarly Work: Willingness to investigate information, ability to conceptualize material, dedication that has the ability for scholarly research.					

Please check the statement that best describe your overall recommendation of the individual applying to the MPH degree program at Chicago State University.

Strongly Recommend_ Recommend_ Recommend with _____ Not Recommend_
Reservations_____

Name/Title: _____

Organization: _____

Address: _____

Telephone Number: _____ E-mail: _____
(Area Code) Number

Signature: _____ Date: _____

Please feel free to include further narrative comments on the applicants potential for academic performance and professional development in a separate letter. After completing this form, please enclose in an envelop, seal the envelop and sign along the seal.

Chicago State University
Department of Health Studies
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