



Department of Public Health

Reference Form

Instructions to the applicant: Complete this section and give the reference form with a self-addressed, stamped envelope to your reference. Please inform the reference that he/she should return the reference form to you sealed in the envelope you provided with his/her signature across the flap and that you will either mail or drop off your reference form/letter to: Flora Wong, MPH – (name of applicant), GE Room 220B, 5151 State University Drive, Los Angeles, CA 90032-8164.

The reference respondent may choose to mail it directly to us, in which case instructions to do so are provided in the respondent’s section.

Applicant’s Name

Applicant’s Campus Identification Number (CIN)

Reference’s Full Name

Under the 1974 Family Educational Rights and Privacy Act, the applicant is entitled to have access to his/her educational records and information on this form. If a student waives access to this right by signing below, this form will be considered confidential and the student will not have access to its contents.

I waive my right of access to this letter of reference and its contents by signing and dating below:

Signature of Applicant

Date

Reference: The applicant listed above gave your name as a reference while seeking admission to the California State University, Los Angeles Masters of Public Health Program. We would like to have your impressions of the applicant’s academic abilities; qualifications for working in a helping profession; potential for success in graduate school and as a public health professional; emotional capacity; motivation and potential in working with various social problems.

Instructions: You may include a letter in addition to filling out this form but not in place of this form. If a letter is provided, it must be on your professional letterhead. If there is a signature above, this reference form will be treated as confidential between yourself and the CSULA Department of Public Health. If there is no signature above, the reference will not be treated as confidential. Once you have completed the form, please seal it in the enclosed envelope and sign the flap. Then, return it to the applicant so that he/she may submit all application material in one packet. If you wish to mail it directly to us, please send it to: Flora Wong, MPH – (name of applicant), GE Room 220B, 5151 State University Drive, Los Angeles, CA 90032-8164.

1. a. How long have you known the applicant? _____
b. In what capacity have you known the applicant? _____

2. Describe the characteristics and specific skills that demonstrate the applicant’s potential in public health: _____

3. If any, please describe characteristics that may hinder the applicant’s effectiveness as a public health professional. _____

4. Please rate the applicant in the following areas:

	Exceptional (top 5%)	Very Good (top 10%)	Good/ Average	Below/ Average	Not Observed
Intellectual ability/academic achievement					
Written communication skills					
Oral communication skills					
Leadership skills/potential					
Creativity, resourcefulness, and willingness to take initiative					
Experience working with various cultures/cultural sensitivity					
Interpersonal skills					
Capacity for self-awareness					
Ability to make sound judgments					
Concern for others/empathy					
Maturity and emotional stability					
Responsibility, consistency, and dependability					
Integrity, honesty					
Ability to accept constructive feedback					
Flexibility					
Potential and motivation for success in an MPH program					
Potential and motivation for a career in public health					

5. Please feel free to provide additional comments on the applicant's background and/or other information that you believe is important for the Department of Public Health to know or understand about the applicant and his/her potential success in a graduate program or as a future public health professional. You may attach a letter in lieu of completing this section.

6. Please indicate your overall endorsement of the applicant:

- I recommend the applicant, without reservations, as an excellent prospect.
- I have some reservations, but would recommend the applicant as a good prospect.
- I have substantial doubts, but think the applicant can be given a chance to prove himself/herself.
- I feel that the applicant is not suited for the program.

Signature of reference: _____ Title: _____

Name of agency/organization: _____

Business address: _____

Business telephone: _____ Email: _____

Date completed: _____ Thank you for your time and valued input!