

# Admission Recommendation Form

The University of Michigan School of Public Health 109 S. Observatory  
Ann Arbor, MI 48109-2029

## TO THE APPLICANT:

**Enter your full name below.** By submitting the recommendation letter to the University of Michigan School of Public Health, you are waiving your right to see its contents. Address the recommendation envelope to yourself and give this form and envelope to your recommender.

Applicant's full name \_\_\_\_\_

Recommender's name \_\_\_\_\_

## TO THE RECOMMENDER:

The person named above is applying for admission to graduate study at this school and has requested that your evaluation be included as part of the information on which the admissions committee will base its decision. Individuals who are accepted must be able to fulfill the intellectual requirements of graduate study, and possess personal qualifications essential to professional performance in the field of public health. We would appreciate your prompt, candid evaluation. Your response will be kept confidential and will be destroyed following pertinent review.

**1 How long have you known the applicant? \_\_\_\_\_ And in what capacity? \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**2 Would you employ this person if you could? \_\_\_\_\_ If no, please elaborate \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

### 3 Personal and professional appraisal

|  | <i>Superior</i>          | <i>Above<br/>Average</i> | <i>Average</i>           | <i>Below<br/>Average</i> | <i>Inadequate<br/>Knowledge</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| <b>Intellectual capability</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Leadership</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Professional competence</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Sense of responsibility</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Ability to work with people</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Ability to organize efforts of others</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Ability to adapt to new situations</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Ability to work independently</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Emotional stability</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Ability in written communication</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <b>Ability to analyze and solve problems</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |

please see other side

4 **Comments:** Add descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a graduate student and public health worker. Please use the space below or attach a letter.

5 **Recommendation for graduate study in public health:**

- Strongly recommend     Recommend     Recommend with reservations noted above     Do not recommend

**Please type or print:**

**Your name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions for returning recommendation:**

Please place this recommendation in the envelope provided, seal, and sign across the seal. Return it to the applicant as soon as possible. The applicant will submit the sealed envelope containing your recommendation as part of the admission application. Thank you for your assistance.

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