

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

Name: \_\_\_\_\_ Date of planned admission: \_\_\_\_\_

**Applicant:** You must sign and date **ONE** of the following statements before giving this form to the referent.

- 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: \_\_\_\_\_

- 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: \_\_\_\_\_

**Referent:** Please complete the section below and forward to the address at the end of the form.

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

(Be sure the Confidentiality Waiver Section is filled out and signed before completing this form.)

The person whose name appears above has applied for admission to the 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? \_\_\_\_\_

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: Letter of Reference – Master of Public Health (MPH) Program

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, Zipcode
_____ Position/Title	_____ Telephone/E-mail

**Please return to:** Director, MPH Program, Kansas State University  
311 Trotter Hall, Manhattan, KS 66506-5615