



University of Hawai'i at Mānoa
Office of Public Health Studies
1960 East West Road • Biomed D-204 • Honolulu, HI 96822

Applicant Recommendation Form

INSTRUCTIONS FOR THE APPLICANT:

The Family Educational Rights and Privacy Act of 1974 gives you the right of access to this evaluation. The law also permits you to waive this right if you choose. Such a waiver is not a condition of admission. Please indicate your choice and sign below.

- I agree to waive access to this statement
- I do not agree to waive access to this statement

Applicant's Signature

Date

PLEASE PRINT OR TYPE

Name of Applicant

Name of Recommender

INSTRUCTIONS FOR THE WRITERS OF LETTERS OF RECOMMENDATION

Thank you for taking the time to honestly review a candidate for our graduate program. The applicant named above has requested that your evaluation be included as part of the information on which we will base our admission decision. The Admissions Committee is interested in the applicant's academic performance and potential as a public health professional. The reverse side of this form is designed to provide a quick way for you to assess the applicant. Please assess the applicant by checking the appropriate rating box. **In addition, please provide a separate letter with a more detailed assessment.** Recommendation letters should be sealed and the recommender should sign the seal of the envelope.

Assessment for _____

How long and in what capacity have you known the candidate?

In comparison with other individuals at the same stage in their academic or professional career, please rate the candidate on the following characteristics:

	Excellent	Good	Average	Below Average	Unable to Assess
Academic preparation					
Writing skills					
Oral communication skills					
Ability to work with others					
Ability to work independently					
Ability to conduct research					
Motivation					
Creativity					
Maturity					

Would you want to hire or work with the candidate?

Yes	Likely	Unsure	Unlikely	No
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Overall Assessment (please check only one)

<input type="checkbox"/>	This is a candidate of exceptional achievement and/or ability; I recommend without reservation.
<input type="checkbox"/>	I recommend that the candidate be admitted to the Program.
<input type="checkbox"/>	I recommend with some reservations that the candidate be admitted to the Program.
<input type="checkbox"/>	I do not recommend that the candidate be admitted to the Program.

Please provide a separate letter with a more detailed assessment of the applicant.

Recommender's Signature Date

Name of Recommender Position/Title

Institution Address

Phone Number Email Address

Return this form and separate letter of recommendation to:

Office of Public Health Student Academic Services
Office of Public Health Studies
1960 East West Road, Biomed D-204
Honolulu, HI 96822