



**Office of Public Health Studies  
 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 / Degree Program Applying to / Specialization Area

\_\_\_\_\_  
 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 if mailing.

Submit the letter of recommendation form and separate letter to:  
 Office of Public Health Student Academic Services  
 Office of Public Health Studies  
 1960 East West Road, Biomed D-204  
 Honolulu, HI 96822

You may also submit the recommendation form and separate letter via UH FileDrop <https://www.hawaii.edu/filedrop/>, recipient: phapp and set expiration timer to 14 days. Note: **materials must be in PDF format only** (no other formats accepted).

**Assessment for**

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**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.**

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Recommender's Signature

Date

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Name of Recommender

Position/Title

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Institution Address

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Phone Number

Email Address

**Return this form and separate letter of recommendation to:**

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Office of Public Health Studies  
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