



LETTER OF RECOMMENDATION

(Applicant Please Print) If you have educational records under a different name, give your former name(s)

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR., III, ETC)
Date of Birth _____ Sex: ☐ Female ☐ Male

Applicant: In accordance with the provision of the Family Education Rights to Privacy Act of 1974(Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below.

I hereby ☐ Waive ☐ Do not waive my right of access to the attached letter of recommendation.

Signature of Applicant Date
(NOTE: If you waive the right of access to review this letter of recommendation it will remain confidential.)

TO THE RECOMMENDER

The person whose name appears above is applying for admission to the SUNY Downstate Medical Center School of Public Health. The Office of Admissions seeks your opinion regarding the applicant and your judgment regarding the applicant's ability to successfully complete advanced study in this field. Please know that your help is appreciated and that the Admissions Committee will give your recommendation.

- Nature of relationship with applicant?
☐ Professor/Teacher ☐ Advisor ☐ Employer/Supervisor ☐ Other _____
- If you have received a public health degree, please answer the following two questions.
a) Public Health School/Program from you which you graduated: _____
b) Degree received and Department: _____
- How long have you known the applicant?
☐ Less than one year ☐ 1-3 years ☐ 3-5 years ☐ more than 5 years
- How well do you know the applicant?
☐ Very well ☐ Moderately ☐ Minimally ☐ Not at all
- How would you rate your personal knowledge of the student?
I know the student: ☐ only from course grades ☐ not well at all ☐ moderately well
☐ fairly well ☐ very well (have had individual conversations with the student)
- Please assess the applicant to other students or employees whom you have known in a similar capacity.

Academic Performance	Outstanding (Top 5%)	Superior (Top 10%)	Good (Top 1/3)	Fair (Middle 1/3)	Poor (Bottom 1/3)	Not Observed
Intellectual ability						
Motivation for proposed field of study						
Oral communication						
Written communication						
Interpersonal skills						
Integrity						
Maturity						
Leadership skills						
Overall evaluation as an applicant for graduate study						

Continued on other side

Recommendation concerning admission:

- ☐ I recommend this applicant with enthusiasm
- ☐ I recommend this applicant with confidence
- ☐ I recommend this applicant
- ☐ I recommend this applicant, but with some reservations
- ☐ I am not able to recommend this applicant

A narrative description or letter of the applicant's strengths and weakness is most helpful. Use the reverse side or a separate sheet if desired.

Name of Recommender _____ Signature _____

Title _____ Organization _____

Address _____

Description of applicant's strengths, weaknesses, and capacity for graduate study.

Signature of Recommender: _____

Date: _____