Reference Form

School of Public Health
MPH or Graduate Certificate in Public Health
Georgia State University

Name of Applicant: ________________________________

Name of Referee: ________________________________

Title/Position: ________________________________

Business Address & Phone: ________________________________

To the Applicant:
This reference form will become a part of your admissions file. It is your responsibility to collect the sealed reference form and submit it along with your admissions packet. The referees must sign their name across the sealed portion of the envelope. If you wish to have access to your reference forms and additional letters, arrange for the referees to provide you with copies. Pursuant to federal privacy laws, all forms and letters become the property of Georgia State University; they will not, and cannot, be returned to you or transferred to another institution or third party. I have read and understood the above statement and therefore [ ] waive, [ ] do not waive my right of access to this document should I matriculate at Georgia State University.

Signature of applicant: ________________________________ Date: ________________________________

To The Referee:
Under the 1974 Family Education Rights and Privacy Act, the above named applicant will have access to this reference form unless he or she has waived that right.

The person named above is applying for admission to a graduate program in public health. This involves not only an intensive program of graduate study, but commitment to a professional career of serious responsibility as well. You have been selected by the applicant as someone who can be helpful to us in evaluating his or her qualifications and readiness to enter a graduate school.

Sound intelligence and the ability to think clearly and to communicate effectively are vital qualifications. Equally important are basic friendliness and security of personality, exemplified in good relationships with others. Motivation to enter the field of public health should include an understanding of and a commitment to shape population health for future generations.

Although people continue to grow and mature, a person who enters a professional graduate program of public health without a good degree of readiness in all these areas risks failure, and at best, is likely to have a difficult and painful experience. Therefore, you can best help the applicant by being frank about his or her limitations as well as strengths. We ask you to answer the questions on the form as fully as possible. Additional observations by letter are most welcome. In order to facilitate an applicant’s opportunity for admission, this form must be returned to the applicant as soon as possible, sealed in an envelope with your signature across the seal of the envelope.

Thank you for your assistance.

Sincerely,

Michael Eriksen
Michael Eriksen, ScD
Dean and Regents’ Professor
Please answer the following questions as thoughtfully as possible. (Please feel free to attach a letter in addition to completing this form).

1. In what capacity have you known the applicant? (Please check the appropriate boxes).

| Professor (   ) | Research Supervisor (   ) | Academic Advisor (   ) | Employment Supervisor (   ) | Personal (   ) | Other (   ) |

2. How long have you known the applicant? ______________________.

3. If you have personal knowledge of any experience the applicant has had in the broad areas of public health, indicate the nature of this experience and your assessment of the applicant’s performance.

4. What do you consider the applicant’s major strength as a candidate for professional education in public health?

5. In what areas, and to what degree, does the applicant need to be strengthened as a potential public health professional?

6. Please give your impression of the applicant’s rating in the following areas:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Outstanding</th>
<th>Unable to judge</th>
</tr>
</thead>
</table>
   a. Level of maturity and emotional stability |       |       |     |            |                |
   b. Sense of responsibility |       |       |     |            |                |
   c. Understanding of self |       |       |     |            |                |
   d. Sensitivity to needs of and feelings for others |       |       |     |            |                |
   e. Quality of relationships with people |       |       |     |            |                |
   f. Ability to respect and work with differences in people (e.g. race, class, culture, and ethnicity) |       |       |     |            |                |
   g. Concern and commitment to work toward solving public health problems |       |       |     |            |                |
   h. Ability to initiate and follow through |       |       |     |            |                |
   i. Leadership ability |       |       |     |            |                |
   j. Willingness to accept direction and/or supervision |       |       |     |            |                |
   k. Creativity |       |       |     |            |                |
   l. Ability to express ideas and feelings- Verbally |       |       |     |            |                |
         In Writing |       |       |     |            |                |
   m. Interest in the field of public health |       |       |     |            |                |

5. Summary Evaluation

   _____ I do not recommend this applicant for admission to the public health graduate studies program.
   _____ I feel that the applicant’s qualifications are marginal, but if admitted, the applicant would greatly benefit from study in the program.
   _____ I recommend this applicant for admission and feel his or her performance should be comparable to that of most graduate students.
   _____ I strongly recommend this applicant for admission and feel that he or she has the capability to perform at a superior level.

SIGNATURE OF REFEREE: _________________________________ DATE: ______________