

## **University of Nevada Reno**

## MPH Admissions Recommendation Form School of Community Health Sciences

## **Applicant Name:**

To the recommender: The Graduate School appreciates a candid evaluation of the applicant named above. Please use
this form to rank the applicant on the listed qualities and to provide written comments about the applicant.

Years you have known the applicant:

Capacity in which you have known the applicant:

Please rank the applicant on the following qualities:

- Intellectual ability for graduate work:
- Motivation for pursuing MPH degree:
- Writing skills:
- Critical thinking skills:
- Ability to work independently:
- Ability to work with others:
- Leadership skills:

## Written Assessment:

In the space below, please provide a written assessment of the applicant, including the applicant's strengths with respect to graduate study in public health. Please be as specific as possible.

Recommender's Name:	
Position or Title:	
Institution:	
Address:	

Email: