

**THE UNIVERSITY OF MEMPHIS  
REFERENCE LETTER  
FOR MASTER OF PUBLIC HEALTH (MPH) PROGRAM**

**APPLICANT: THREE PROFESSIONAL AND/OR ACADEMIC REFERENCES ARE REQUIRED.**

To be completed by the applicant:

For admission to:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Year
Applicant's Full Name			
Social Security No.	Date of Application		
Recommended By			
Do you want to waive your right of access to this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**To be completed by the person making the recommendation:**

The applicant has given your name as a reference in support of his/her application for Master of Public Health (MPH) Program. We would appreciate your candid evaluation of the applicant's potential. In keeping with the Family Educational Rights and Privacy Act., please be aware that students have a right to see their records, including recommendations.

A. How well do you know the applicant?

Quite Well                       Moderately Well                       Know Only Slightly

In what capacity	For how long? ___ Years
------------------	-------------------------

B. Overall, do you recommend this applicant for admission to the Master of Public Health Program?

No                       Yes, with reservations                       Yes, without reservations

C. Please rank the applicant among his/her contemporaries (e.g. among the top 10%):

D. Any brief comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach a detailed letter on your official letterhead evaluating candidate's potential for success in the MPH program.)

Signature	Date	
Position	Institution	
Street Address		Apartment #
City	State	Zip
Home Phone	Work Phone	
Email Address		

Please complete this form and return with a letter of recommendation to:

Master of Public Health (MPH) Program  
Attention: Dr. Marian Levy  
107 Scates Hall  
The University of Memphis  
Memphis, TN 38152

For more information, contact Dr. Levy at: [mlevy@memphis.edu](mailto:mlevy@memphis.edu)