



**PART I – ACCESS TO REFERENCE LETTER**

The reference letter written by the evaluator below is confidential in accordance with the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and related policies and regulations.

I hereby waive /do not waive  my right of access to any information contained in the reference letter written by the evaluator identified below.

Signature of applicant _____	Date _____
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*Applicant and Evaluators. It is understood that this letter of recommendation will be retained in confidence by the Department of Health Science, California State University, Fresno and will be used as one factor in consideration of the applicant to an advanced and/or master's degree program.*

Name of applicant	Program applied for
Name of evaluator	Evaluator's telephone number
Address	City, State, Zip or Country

**PART II—INSTRUCTIONS FOR THE INDIVIDUAL WRITING THE REFERENCE LETTER**

The Department of Public Health would appreciate a statement from you evaluating the person named above for enrollment in and successful completion of a master's degree program. Please attach this form to your letter of recommendation.

CATEGORY	EXCELLENT	ABOVE AVERAGE	AVERAGE	POOR RISK	DO NOT RECOMMEND	NOT APPLICABLE
Scholastic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growing Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Recommendation:** Excellent  Above Average  Average  Poor Risk  Do Not Recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**California State University, Fresno**  
**Department of Public Health**  
**Master of Public Health Program**  
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 Fresno, CA 93740-8031  
 559-278-8324