

Letter of Reference

Ph.D. in Health Services and Policy

The University of Iowa

APPLICANT INFORMATION

Applicant's Name _____

You may waive your right (under the Family Education Rights and Privacy Act of 1974) to review letters of reference. Such action is optional.

I waive my right to review recommendations and evaluations in support of my application.

Applicant Signature _____

Date _____

EVALUATOR INFORMATION

1. What is your relationship to the applicant? _____
2. How well do you know the applicant? _____ Slightly _____ Fairly Well _____ Very Well
3. In an accompanying letter please comment concerning the abilities, accomplishments, and other factors which, in your judgment, are pertinent to evaluating the applicant's potential for rigorous course work and scholarly research at the doctoral level; and probable success in an academic, health services research, or policy analyst career.
4. Please rate the applicant relative to other students or employees you have known in recent years.

	Superior Top 5%	Excellent Top 10%	Good Top 20%	Average Top 30-50%	Below Average >50%	Not Observed
Intellectual Ability: academic competence and aptitude for a graduate school.						
Leadership: takes initiative and motivates others.						
Ethics: displays honesty, integrity, and ethical behavior.						
Quantitative Ability						
Reliability: dependable, responsible, prompt, and thorough.						
Judgment: displays critical thinking skills, common sense, and decisiveness.						
Oral Communication: speaks clearly with precision and accuracy.						
Written Communication: writing is precise, accurate, and grammatically correct.						
Interpersonal Relations: able to get along well with peers, superiors, and subordinates.						
Adaptability: reacts well to stress, is poised and controlled.						
Analytical Ability.						

APPLICANT NAME: _____

Recommendation concerning admission:

- I recommend this applicant with enthusiasm.
- I recommend this applicant without reservation.
- I recommend this applicant, but with some reservations. (Please explain)
- I am not able to recommend this applicant.

Signature _____ Date _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Return to:

Jean Sheeley
Student Affairs Administrator
The University of Iowa
College of Public Health
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