

LETTER OF REFERENCE

Return to:

Jean Sheeley
The University of Iowa
College of Public Health
Department of Health Management and Policy
200 Hawkins Drive, E208 GH
Iowa City, IA 52242-1008

_____ is seeking admission to The University of Iowa Doctoral Program in the Department of Health Management and Policy.

APPLICANT: 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 applications.

Signature *Date*

1. What is your relationship to the applicant? _____
2. How well do you know the applicant? _____ Slightly _____ Fairly Well _____ Very Well
3. Please rate the applicant relative to other students or employees you have known in recent years.

	Superior	Above Average	Average	Below Average	Not Observed
Academic Performance					
Intellectual Ability					
Ability to Work with Others					
Written Communication Skills					
Oral Communication Skills					
Analytical Ability					
Quantitative Ability					
Leadership Potential					
Motivation for Graduate Study					

4) 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, policy analyst, or high-level administration career. (Please use the back of this form or additional paper as needed.)

Signature _____ Date _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____