

RECOMMENDATION FORM
 MASTER OF PUBLIC HEALTH - COMMUNITY HEALTH EDUCATION
 DEPARTMENT OF HEALTH EDUCATION AND HEALTH PROMOTION
 UNIVERSITY OF WISCONSIN LA CROSSE

NAME OF CANDIDATE: _____ NAME OF REFERENCE: _____

CANDIDATE'S ADDRESS: _____

TELEPHONE: _____ e-mail address: _____

Candidate may select either an open or confidential recommendation by signing under one of these:

CONFIDENTIAL RECOMMENDATION

Your evaluation of my professional and personal qualifications will be appreciated. You are assured of confidentiality in writing your recommendation.

SIGNED: _____

DATE: _____

OPEN RECOMMENDATION

Your evaluation of my professional and personal qualifications will be appreciated. Your evaluation and comments will be available to me.

SIGNED: _____

DATE: _____

Please rate/assess the candidate's ability in each of the following areas: (Please circle number below for each ranking)

	Low		High			No Basis	Comments
1. Performance in writing precisely and clearly	1	2	3	4	5		
2. Oral communication and presentation	1	2	3	4	5		
3. Needs assessment	1	2	3	4	5		
4. Program development and implementation	1	2	3	4	5		
5. Program evaluation	1	2	3	4	5		
6. Quantitative and research skills	1	2	3	4	5		
7. Ability to work independently	1	2	3	4	5		
8. Skill in relating harmoniously with others	1	2	3	4	5		
9. General ability to do graduate work	1	2	3	4	5		

Please state in what context you have known the applicant: _____

**Along with the above rating,
 your written comments can be provided in a separate letter of recommendation.**

SIGNATURE OF REFERENCE: _____ DATE: _____

TITLE AND AGENCY: _____

ADDRESS: _____

TELEPHONE: _____ e-mail: _____

Please return completed form to:
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