

**MPH Program Reference Form
Armstrong Atlantic State University**

To the Applicant:

1. Complete the information in this section, reading the waiver options carefully. Be aware that some individuals will complete a reference only if you have waived the right of access.
2. Select 2 people who are familiar with your academic or professional performance to complete a copy of this form and return it to the Graduate School (address provided below). Provide each referee with a copy of this form and a pre-addressed, stamped envelope. Make sure the references are aware of the date by which the form must be returned.

Applicant Name: _____
(Please type or print) *Last* *First* *Middle/Maiden*

Date of Birth: _____ / _____ / _____ Intended start term: _____

Under provisions of the Family Education Rights and Privacy Act of 1974, you have the right to access the contents of this reference form once enrolled as a student at this college. You also have the option of waiving this right. Please indicate your preference by selecting one of the options, signing and dating this form.

- I WAIVE my right to access the contents of this reference form and authorize my reference to provide Armstrong Atlantic State University with information that may be required in support of my application.
- I do NOT waive my right to access the contents of this recommendation form, but I authorize my reference and his/her institution to provide Armstrong Atlantic State University with information that may be required in support of my application.

Signature of Applicant: _____ Date: _____

To the Referee:

This applicant seeks admission in our Master of Public Health program. The information you provide will be used to supplement the applicant's academic record and will aid us in the selection process. Please return this form in the stamped, addressed envelope provided by the applicant. Your candid assessment is appreciated and is required to complete the application process. Please mail the completed reference form to:

Graduate Enrollment Services
Armstrong Atlantic State University
Victor Hall, Second Floor
11935 Abercorn Street
Savannah GA 31419
Phone: (912) 344-2798 Fax: (912) 344-3488

Referee Name: _____
Please type or print *Last* *First* *Middle/Maiden*

Mailing Address: _____

Job Title: _____ Telephone: _____

How long have you known the applicant? _____

- In what capacity? an advisee in your class(es) research assistant employee
- other (please describe): _____

Both pages must be returned in order for your application packet to be considered.

Applicant Name: _____

Please rate the applicant using the following scale in comparison to other students or employees whom you have known in a similar capacity. Please place an "X" in the appropriate column.

Characteristics	Top 2%	Top 10%	Top 25%	Top 50%	Lower 50%	Not able to judge
Intellectual Curiosity						
Emotional Maturity						
Social Maturity						
Work Performance						
Attendance and Punctuality						
Oral Expression						
Written Expression						
Dependability/Responsibility						
Originality/Creativity						
Leadership Potential						
Interaction with Faculty/Supervisors						
Respect for Others						

Additional Comments:

Signature of Referee: _____ Date: _____