

To the applicant: This form is to be filled out by one course instructor who taught you in a class; the second recommendation can be from a research/internship/volunteer supervisor, employer, or similar. Complete the applicant sections, waiver, save, and email to your recommender.

Applicant UFID Number	Applicant Last Name	Applicant First Name	Applicant Middle Name
Applicant UFL Email Address			
Recommender First and Last Name		Recommender Title and Credentials	
Recommender Email Address	How long have you known the applicant?	How do you know the applicant?	

If you are admitted to the University of Florida, you have the right, as a student, to review your permanent record, including this recommendation form, on file with the university. Some people prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be more helpful to us in judging important characteristics. Therefore, the university is affording you the opportunity to waive your right of subsequent access to this recommendation letter form. In any event, your application for admission will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

Applicant: Do you waive your right of subsequent access to this recommendation letter form? Yes No

APPLICANT SIGNATURE _____

DATE _____

Recommender: Please rate the applicant with others of the same age and academic level. It is important to the applicant that you give a percentage rating on the grid below and a written evaluation if appropriate. If you are not able to judge in any category, please mark accordingly.

	LOWER THIRD	MIDDLE THIRD	UPPER THIRD	TOP 10%	UPPER ... %	CANNOT JUDGE
Intellectual ability						
Interpersonal relations						
Ability to work on a team						
Leadership						
Oral communication						
Quantitative ability						
Written communication						
Overall public health potential						

Overall Recommendation: I highly recommend this applicant. I recommend this applicant. I do not recommend this applicant.

What is the top strength of the candidate? What might impede the candidate in succeeding in graduate studies? Additional comments welcome.

RECOMMENDER SIGNATURE _____

DATE _____

PLEASE UPLOAD THIS FORM TO THE **RECOMMENDATION PORTAL** ON THE **COMBINATION BACHELOR'S/MPH WEBSITE**.