



University of Nevada Reno  
 MPH Admissions Recommendation Form  
 School of Community Health Sciences

Applicant Name:

To the recommender: The Graduate School appreciates a candid evaluation of the applicant named above. Please use this form to rank the applicant on the listed qualities and to provide written comments about the applicant.

Years you have known the applicant:

Capacity in which you have known the applicant:

Please rank the applicant on the following qualities:

- Intellectual ability for graduate work:
- Motivation for pursuing MPH degree:
- Writing skills:
- Critical thinking skills:
- Ability to work independently:
- Ability to work with others:
- Leadership skills:

Written Assessment:

Write your comments in the space provided. Please be as specific as possible.

Position or Title

Institution:

Address:

Address:

Email: