



LEHMAN COLLEGE

M.P.H. RECOMMENDATION FORM

PART A: TO BE COMPLETED BY THE APPLICANT

Sign the appropriate authorization below, and mail this form to the person from whom you are requesting a letter of recommendation.

(PLEASE PRINT) Full Name: _____

****RIGHT TO ACCESS: PUBLIC LAW 93-380, THE EDUCATIONAL AMENDMENTS ACT OF 1974, GRANTS STUDENTS THE RIGHT TO ACCESS LETTERS OF RECOMMENDATION. IF THE APPLICANT WAIVES THE RIGHT OF ACCESS, LETTERS OF RECOMMENDATION WILL BE CONSIDERED CONFIDENTIAL BY LEHMAN COLLEGE OF THE CITY UNIVERSITY OF NEW YORK AND WILL NOT BE AVAILABLE TO THE STUDENT.****

I agree that the recommendation I am requesting shall be held in confidence by officials of Lehman College and hereby waive any rights I may have to examine it. Yes No

Signature of Applicant _____ Date _____

PART B: TO BE COMPLETED BY THE RECOMMENDER

Thank you on behalf of the Admissions Committee.

In a narrative letter of reference please include the following: (Please attach a separate letter.)

1. How long and in what capacity you have known the applicant.
2. Assess the applicant's preparedness to enter a rigorous academic program including the ability for critical and logical thinking, written and oral communication skills, and analytic skills.
3. Please discuss applicant's potential for undertaking positions of responsibility in public health.

I strongly recommend this applicant.

I recommend this applicant with some reservation.

I do not recommend this applicant.

I recommend this applicant.

Print Name	Title
Organization/Institution	E-mail:
Address	
Relationship to the Applicant	Telephone:

Recommender's Signature _____

Date _____

***Please note that we do not accept recommendation letter(s) from family or friends.**

PLEASE PLACE FORM AND LETTER IN ENVELOPE, SEAL IT, SIGN YOUR NAME ACROSS THE SEAL AND MAIL TO: