

New Mexico State University  
Department of Health Science  
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***LETTER OF RECOMMENDATION***

For Admission to the Master of Public Health in Community Health Education

(a total of two letters of recommendation are required)

**PART ONE: To be completed by the applicant**

APPLICANT'S NAME:

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(Last) (First) (Middle)

ADDRESS:

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(Street or PO Box)) (City) (State and Zip Code)

Under the provisions of the Family Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided below so that the referee will be advised of your choice.

Confidential file. I grant permission for this letter of recommendation to be held confidential by New Mexico State University.

Open file. I retain the choice of having letters of recommendation available to me.

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Signature of the Applicant

Date

**PART TWO: To be completed by the Referee**

You may wish to make additional comment by letter. If so, please attach your letter to this form so that the department may identify the applicant's choice with respect to the right of access under the Family Educational Rights and Privacy Act.

Please note that while the applicant may have waived his/her right of access under the Family Educational Rights and Privacy Act, in some circumstances this letter may be subject to disclosure under the provisions of the New Mexico Open Records Act. Please mail this recommendation directly to New Mexico State University at the address noted above.

1. Knowledge of the Applicant:
    - a. Approximately, how long have you known the applicant? \_\_\_\_\_
    - b. How well do you feel you know the applicant? Not Well \_\_\_\_\_ Very Well \_\_\_\_\_
    - c. What was the nature of your relationship with the applicant?  
 Instructor \_\_\_\_\_ Research Advisor \_\_\_\_\_ Major Advisor \_\_\_\_\_ Employer \_\_\_\_\_  
 Other (specify): \_\_\_\_\_
- 

2. Evaluation: In comparison with other students in the same field who have the same amount of experience and training, I rate this person as follows:

	Top 5%	Top 10%	Top 20%	Top 50%	Unable To Rate
Knowledge in subject of proposed study					
Ability to grasp new concepts					
Originality, intellectual creativity					
Mathematical and logical thought					
Written Expression					
Oral Expression					
Ability to work with others					
Perseverance toward goals					
Ability to meet deadlines					

3. Recommendation: Considering this applicant's academic record, special abilities, ambition and determination, please indicate your recommendation:

\_\_\_\_\_ Recommend Strongly \_\_\_\_\_ Recommend with Reservation  
 \_\_\_\_\_ Recommend \_\_\_\_\_ Cannot Recommend

4. Please add any comments which you feel will assist in the applicant's potential to pursue a Master of Public Health degree.

Name of Referee  
(please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_