

☞Reference Form☜

**Applicant Last Name**

**First Name**

**Middle Name**

**Phone Number**

**Email Address**

**SFSU Applicant ID #**

**Instructions for the Applicant**

- 1) Only individuals who can address in detail your academic and professional promise should be asked to provide a reference.
- 2) In the applicant contact information section above, type in your full name, phone number, email address and SFSU applicant ID#.
- 3) Read the privacy notice below; check the appropriate box.
- 4) Print out the reference form. Sign & date in ink.
- 5) Deliver your signed reference form to your reference provider.
- 6) Your reference provider completes their sections of the form (contact information and Section 1), signs where indicated, attaches a comprehensive reference letter (Section 2), and then seals the completed, signed reference form & reference letter in an envelope, signs across the envelope seal, and delivers the sealed envelope to you to submit with your SFSU HED departmental application materials.

**IMPORTANT PRIVACY NOTICE FOR THE APPLICANT:** Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations submitted on your behalf, unless you waive your right to access below:

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not waive* my right to access, and, if I matriculate, I may someday choose to see this form or any other recommendations submitted by me or on my behalf to the institution at which I am enrolling.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Instructions for the Reference Provider**

Thank you for agreeing to serve as a reference provider. Your carefully considered evaluation of this applicant is essential to the selection of those candidates best qualified for admission to the Master of Public Health in Community Health Education program at San Francisco State University. Please fill out your contact information directly below. Then, complete **Section 1**, print out the reference form and sign & date in ink, where indicated. Finally, on a separate sheet (sheets) of paper, compose a comprehensive reference letter that addresses the three areas detailed in **Section 2**.

**Please remember to return your completed and signed reference form & letter to the applicant in a sealed envelope, with your signature also across the seal of the envelope.**

Reference  
Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

## Section 1

Please complete Section 1, in addition to completing a comprehensive letter of reference (Section 2).

1. How long have you known the applicant and in what context?

2. How well do you feel you know the applicant?

Not Well

Well

Very Well

Extremely Well

3. Please rate this applicant in overall promise.

Poor

Average

Good

Excellent

Outstanding

## Section 2

On a separate sheet or sheets of paper, please write a comprehensive reference letter that addresses the three areas listed below. Seal your reference letter, along with your completed reference form, in an envelope. Sign across the envelope seal, and return the sealed envelope to the applicant to submit together with all departmental application materials.

1. Evaluate the applicant's potential to succeed in graduate level academic work in terms of self-discipline, initiative, intelligence, creativity, capacity for analytical thinking, ability to grasp concepts, ability to organize and express ideas clearly both orally and in writing, and problem solving skills.
2. Evaluate the applicant's demonstrated professional abilities and future promise. Some aspects we are particularly interested in are planning skills, leadership skills, and interpersonal and collaborative effectiveness.
3. Focusing on community health and social justice, the SFSU Department of Health Education strives to partner with communities to address pressing public health needs. Please comment on the applicant's fit with this mission.

**Please remember to return your completed and signed reference form & letter to the applicant in a sealed envelope, with your signature also across the seal of the envelope.**