



**San Francisco State University  
Department of Health Education**

**Master of Public Health in Community Health Education  
Reference Provider Information**

**Reference Providers:**

List below three academic and/or professional reference providers who can address your academic and professional promise. Your three reference providers must complete their written references using the Reference Form (preferred method) available on our departmental website.

If using the preferred method of the Reference Forms, enclose the three completed, sealed Reference Forms with your other departmental application materials, and submit all materials to our Department of Health Education together in one large envelope.

**1. Name:**

**Address:**

**Title:**

**Professional/Academic Relationship to Applicant:**

**2. Name:**

**Address:**

**Title:**

**Professional/Academic Relationship to Applicant:**

**3. Name:**

**Address:**

**Title:**

**Professional/Academic Relationship to Applicant:**