

**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
DEPARTMENT OF COMMUNITY HEALTH**

REFERENCE FORM FOR ADMISSION TO GRADUATE PROGRAM

THIS SHOULD BE A REFERENCE PERTAINING TO YOUR ACADEMIC ABILITIES (E.G., FROM A PROFESSOR OR AN INSTRUCTOR YOU HAVE TAKEN COURSES FROM)

A. Information for the Applicant

You should complete Section A and give this form to an individual who is well acquainted with your educational background and academic abilities, to fill out and return to our Graduate Program Office.

Name of Applicant: _____
Surname Given Name

Proposed Area of Specialization: _____

(Optional) I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature _____
 Date _____

B. Information for the Respondent

Please type or print all information given below. We are particularly interested in the applicant's ability and initiative to do advanced study and research.

1. I have known the applicant: (check all that apply)	2. I have served as the applicant's: (check all that apply)
<input type="checkbox"/> as an undergraduate	<input type="checkbox"/> Dept/School chairperson
<input type="checkbox"/> as a research assistant	<input type="checkbox"/> teacher in several classes
<input type="checkbox"/> as an employee	<input type="checkbox"/> teacher in only one class
<input type="checkbox"/> as a graduate student	<input type="checkbox"/> academic advisor
<input type="checkbox"/> as a teaching assistant	<input type="checkbox"/> research supervisor
<input type="checkbox"/> in other capacities (please state)	<input type="checkbox"/> in other capacities (please state)

3. Please state what you consider to be the applicant's greatest personal and professional strengths. _____

4. Please note any areas where you believe the applicant needs improvement.

5. In comparison with other individuals at the applicant's level with whom you have been associated over the past five years, please rate the applicant with respect to the following categories:

	Unable to Judge	Below Average	Average	Above Average (top 20%)	Outstanding (top 10%)	Superior (top 5%)
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality English (Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency (Written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you were in a university and the applicant applied to your own graduate program, would you recommend his/her admission:

- without reservation not at all
 with some reservation no comparable program exists

Name of Respondent _____
(please print and sign)

Position _____ Telephone: _____

Institution _____

Department _____
Address _____
City _____ State _____ Zip Code _____

**Mail this form directly to:
Graduate Program Coordinator
Department of Community Health
120 Huff Hall
1206 S. Fourth Street
Champaign, IL 61820**