



## The University of Texas School of Public Health at Houston Applicant Letter of Reference

### Instructions to the applicant:

Last Modified Date: 01/21/2011

Complete items 1-7, print the form, sign it, then send it to the recommender with a stamped envelope addressed to the Office of the Registrar: The University of Texas Health Science Center at Houston, P.O. Box 20036, Houston, Texas 77225-0036.

**NOTE:** Make sure your recommender is aware of the application deadline you are trying to meet. If you intend to enroll in this program while you are employed, one of these letters should be written by your supervisor.

### 1. Provide 10 Digit Student ID or US Social Security Number - Information is not required.\*\*

### 2. Name (last, first, middle) - as it appears on the application for admission.

### 3. Address ( where you want to receive your mail):

### 4. (a) Projected entrance year into the program:

(b) Semester  Fall  Spring  Summer

### 5. Proposed area of study and degree sought:

### 6. Campus Location - Select one:

Houston  Austin  Brownsville  Dallas  El Paso  San Antonio

\*\*Disclosure of your Social Security Number ("SSN") is requested for the student records system at The University of Texas Health Science Center at Houston (the "University") and for compliance with Federal and State reporting requirements. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by Federal and State law. Federal law requires hospitals that incur indirect costs for graduate medical education programs and hospitals that receive Medicare payment for direct graduate medical educational activities to identify residents by SSN. The privacy and confidentiality of student records is protected by Federal and State law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law. With few exceptions, an individual student is entitled upon request to be informed about the information the University collects about the student, to receive and review the information, and is entitled to have the

7. I understand that federal legislation provides me with a right of access to his recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

**Check one of the following statements:**  I hereby WAIVE my right of access to this recommendation.

I DO NOT WAIVE my right of access to this recommendation.

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

\_\_\_\_\_  
Date

**TO THE EVALUATOR:** Please attach a letter of reference on letterhead. Your letter is an important part of our evaluation. We would appreciate inclusion of the following:

- a.) In what capacity and how long you have known the applicant?
- b.) Your evaluation of the applicant's outstanding strengths and weaknesses.
- c.) Your evaluation of the applicant's suitability for training in public health.
- d.) Your evaluation of the applicant's motivation for graduate study.
- e.) Your evaluation of the applicant's ability to complete successfully the proposed area of study, including a master's thesis or doctoral dissertation.

**Note:** Please mail this form accompanied by your letter of reference directly to the Office of the Registrar: The University of Texas Health Science Center at Houston; P.O. Box 20036; Houston, Texas 77225-0036. Thank you very much.

\_\_\_\_\_  
Name of Evaluator (Type or Print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Address - Line 2 if needed

The university of Texas Health Science Center at Houston School of Health Information Sciences is committed to a policy of nondiscrimination on the basis of race, color, national origin, religion, sex, age, disability or veteran status.