

STUDENT RECOMMENDATION LETTER(S) REQUEST FORM  
MASTER OF SCIENCE IN PUBLIC HEALTH

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Name of Student: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_ Student's Year of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Student's Advisor: \_\_\_\_\_ Student's Phone Number: \_\_\_\_\_

Name of person writing recommendation letter: \_\_\_\_\_

Letter of recommendation for: \_\_\_\_\_

To the attention of: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of program, fellowship, or internship to which you are applying:

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Brief statement of why you are applying:

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DATE REQUEST IS NEEDED: \_\_\_\_\_

\_\_\_\_ Will Pick Up Letter.

\_\_\_\_ Mail the letter in the addressed and stamped envelope provided.

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***You Must:***

- ✓ ***Provide a resume or biographical sketch highlighting your accomplishments***
- ✓ ***Give the MSPH Faculty at least two weeks to process this request***