REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Name of applicant _____________________________________

The candidate named above is applying for the Joint MPH Program. The program is designed for working professionals to build their professional capacity in public health. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. **Under no circumstances should the completed form be returned to the applicant.** References should be received by **September 30, 2011** at the following address:

Addis Continental Institute of Public Health
P.O.Box: 26751/1000
Addis Ababa, Ethiopia

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant? ____________________________________________________

2. In what capacity do you know the applicant? ____________________________________________________

3. Please rate the applicant in terms of each of the following (one checkmark for each row):

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<thead>
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<th></th>
<th>Exceptional</th>
<th>Very Good</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Unable to judge</th>
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<tbody>
<tr>
<td>Leadership</td>
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<td>Creativity</td>
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<td>Initiative</td>
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<td>Professional Experience</td>
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<td>English language ability</td>
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<td>Self-expression</td>
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<td>Overall intellectual ability</td>
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4. Any additional comment: ____________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. Do you recommend the applicant for this MPH Program which is designed for working professionals (applicants are expected to work while studying)?

[ ] Recommend highly
[ ] Recommend with reservation
[ ] Recommend
[ ] Do not recommend

Signature ______________________________________________ Date _________________________

Name and Position/Title (Please print.) ______________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Complete Mailing Address (Please include fax number and e-mail.) _______________________
_________________________________________________________________________________
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