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. Reference should be received before **June 30, 2014** at the following address:

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

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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):

<table>
<thead>
<tr>
<th>Quality</th>
<th>Exceptional</th>
<th>Very Average</th>
<th>Above Average</th>
<th>Average</th>
<th>Below average</th>
<th>Unable to Judge</th>
</tr>
</thead>
<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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</table>

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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