

# REFERENCE FORM

**TO BE COMPLETED BY REFEREE**

**Name of Applicant**

The candidate named above is applying for Masters of Public Health 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 sent before November 2, 2017 to "UOGaciph@gmail.com" by email or the registrar office at the following address in person to:

Addis Continental Institute of Public Health  
Ayat Residence Compound Adjacent to Zone 8 Road 8  
Addis Ababa, Ethiopia

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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*):

	Exceptional	Very Good	Above average	Below average	Unable to judge
<b>Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Experience</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>English language ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-expression</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall intellectual ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)?

- |   |  |
|---|--|
| <input type="radio"/> Recommend Highly<br><input type="radio"/> Recommend | <input type="radio"/> Recommend with reservation<br><input type="radio"/> Do Not Recommend |
|---|--|

Signature

Name & Position/ Title (Please write.)

Complete Mailing address (*Please include fax number & email address*)