

Division of Public Administration
 Portland State University
 P.O. Box 751
 Portland, OR 97207

Applying For:
 MPA _____
 MPA:HA _____
 MPH _____

RECOMMENDATION FORM

Applicant's Name: _____ Social Security No.: _____

The above named applicant is applying for admission to the Division of Public Administration at Portland State University. Your assistance in evaluating this person's potential will be most appreciated. Please return this recommendation directly to the Division of Public Administration.

The Division of Public Administration awards professional oriented MPA, MPA:HA, and MPH degrees to persons aspiring to leadership positions in governmental, non-profit, and/or health related organizations.

Your comments will be used in the evaluation process only, but in accordance with federal law they will be available to the student as part of his or her student file.

- Relative ratings of the applicant: Please use your knowledge of the applicant to rate the items listed below. In rating the applicant, please keep in mind the comparison group you have indicated (undergraduate students, graduate students, administrative practitioners, a specific age group, or other).

Comparison group: _____

Please Check	Low 1-50%	Good 50-75%	Very Good 75-90%	Outstanding 90-95%	Exceptional 95-100%	Unable to Judge
Communication skills/ability to articulate ideas						
Ability to work independently						
Ability to work under pressure						
Ability to get along with others						
Ability to organize work activities						
Critical thinking/analytic abilities						
Creative and intellectual ability						
Demonstration of leadership skills						
Maturity						
Motivation/Diligence						
Professional integrity						
Potential as a manager						

2. Comments:

3. Knowledge of the Applicant:

How long have you know the applicant? ___ year(s) ___ month(s)

In what capacity have you known the applicant? _____

4. Are you willing to further discuss the applicant's qualifications? ___ Yes ___ No

Name: _____

Title/Position: _____

Name of Organization: _____

Address: _____

Phone: _____

Signature: _____ Date: _____