



**RECOMMENDATION FORM  
FOR THE 2008-2009 TRAINING IN POLICY STUDIES PROGRAM**

**Please return by June 1, 2008**

**To the applicant:**

*Type or clearly print your full name below. Give one copy of this form to each of the three individuals you are using as a reference.*

Applicant's full name \_\_\_\_\_

**To the individual recommending an applicant:**

The person named above is applying for admission to the Training in Policy Studies Program and has requested that your evaluation be included as part of the information on which the reviewers will evaluate his or her application.

Individuals who are accepted must be able to fulfill the intellectual requirements of graduate study, and possess personal qualifications essential to professional performance in the field of health policy.

We would appreciate your prompt, candid evaluation. Your response will be kept confidential and will be destroyed following pertinent review.

*Please type or clearly print the requested information.*

**How long have you known this applicant, and in what capacity?**

---

---

---

---

---

**Have you worked with or taught this applicant during his/her internship/residency?  
Please describe.**

---

---

---

---

---

**Personal and Professional appraisal:**

**Please evaluate the candidate by circling the appropriate number.**

<b>Characteristic</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Intellectual capability	3	2	1
Leadership potential	3	2	1
Professional competence	3	2	1
Sense of responsibility	3	2	1
Ability to work with people	3	2	1
Ability to organize efforts of others	3	2	1
Ability to adapt to new situations	3	2	1
Ability to work independently	3	2	1
Emotional stability	3	2	1
Ability in written communication	3	2	1
Ability to analyze problems and solve them effectively	3	2	1

**Comments:**

In the space below, add descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a TIPS applicant.

---

---

---

---

---

---

---

---

---

---

**Recommendation for Training in Policy Studies Program:**

**Please circle one of the following:**

Strongly recommend

Recommend

Do not recommend

**Please type or print:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fax this form by June 1st**

**To: Bette Coppola, M.Ed.**

**Re: Training in Policy Studies (TIPS)**

**Fax number: (516) 686-3819**