Dear Letter Writer:

You have been asked to write a letter of recommendation for an individual applying to the University of Wisconsin–Madison Master of Public Health Program. In this letter, please comment on your relationship to this applicant, including the time frame in which you have known him/her. Please provide insight into and specific examples of the applicant’s unique qualities that illustrate, represent, or offer evidence of the applicant’s potential to develop the knowledge and skills necessary to become a public health professional.

Your assessment is important to us in evaluating this applicant’s potential. Thank you for your time and your assessment of this candidate.

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), the candidate is entitled to review this letter of recommendation or to waive his/her right to access. If the candidate does not waive his/her right to review the letter and requests access, we will provide him/her with a copy if requested.

Please address your letter of recommendation to the Master of Public Health Admissions Committee. Your letter must be written on letterhead and placed along with this waiver form in a sealed envelope with your signature across the envelope flap, then sent directly to:

Admissions & Student Services for SMPH Health Professions Programs
1140C Medical Sciences Center
1300 University Avenue
Madison, WI 53706-1532

Dear Applicant:

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), you are entitled to review this letter of recommendation or to waive your right to access. If you do not waive this right, and request to review the recommendation letter, we will provide you with a copy.

Please check the appropriate box and sign below before giving this form to the individual from whom you are requesting a letter of recommendation. This form must be received in addition to your letter of recommendation for your application to be considered complete.

☐ I waive my right to review this letter of recommendation.
☐ I refuse to waive my right to review this letter of recommendation.

Name (please print) ____________________________ Date __________________

Signature ______________________________________________________________________________________

Recommender Name ____________________________________________________________________________