

SDSU/UCSD Joint Doctoral Program in Clinical Psychology

Masters in Public Health Program Recommendation Form

*Please print two copies, sign, and date.
One will go to MPH Program and one to remain in your JDP file.*

Student's full name: _____

Street Address: _____

City, State, Zip: _____

Contact Number: _____

E-mail Address: _____

I request recommendation for admission into the Masters in Public Health Program. I understand the following documentation will be attached to this request and will be forwarded to the Graduate School of Public Health:

- 1 A copy of my application to the Joint Doctoral Program (JDP)
- 2 Copies of my undergraduate and graduate transcripts for work done prior to coming to the SDSU/UCSD JDP
- 3 My GRE scores
- 4 A copy of my current transcripts in the JDP

I give my permission for these materials to be attached for consideration of my application.

Student's signature: _____ Date: _____

I recommend the above-named for admission into the Masters in Public Health Program and have attached copies of the documents described above.

JDP Co-Director's signature: _____ Date: _____