

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: _____