



Joint Doctoral Program in Clinical Psychology

Master of Public Health Recommendation Form

(to be completed before more than 6 units of SPH courses are taken)

| | | |
|----------------------|------------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | Red ID |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SDSU Email | Phone [(xxx) xxx-xxxx] | Major Area of Study (JDP Track) |

I request recommendation for admission into the SDSU School of Public Health (SPH) to pursue the Master of Public Health (MPH) degree with a concentration in _____.

I have taken the following classes to date at the SPH (semester year, course #, grade):

I plan to complete the MPH degree between the following semesters (Semester Year):

Start: _____ Finish: _____

I understand the following documentation will be forwarded to the SDSU School of Public Health to be reviewed for consideration of admission to the MPH program:

1. A copy of my application to the Joint Doctoral Program (JDP), including copies of my undergraduate and graduate transcripts for work done prior to coming to the SDSU/UCSD JDP
2. A copy of my current transcripts in the JDP (may be unofficial)
3. A copy of my current CV

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

Student signature

Date:

I recommend the above-named student for admission into the Master of Public Health (MPH) program and have attached copies of the documents described above.

Student JDP Mentor signature

Date:

Student JDP Co-Mentor signature (if applicable)

Date:

SDSU JDP Co-Director signature:

Date:

The required documentation has been sent to the SPH for their review.

Date: