

**P U B L I C   A D M I N I S T R A T I O N   P R O G R A M**  
University of Hawai'i at Mānoa  
Letter of Reference

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Applicant's name \_\_\_\_\_  Master's    Certificate

**To the Writer**

The person who has given this form to you is applying for admission to the University of Hawai'i Public Administration Program. The Program is intended for individuals who can make a contribution to the quality of public service in Hawai'i and the Pacific, and are expected to continue to do so in the future. The Program is organized to accommodate individuals holding full-time jobs. The Master's Degree takes two to three years to complete and the Certificate one year. Each can be expected to be a challenging experience for the participants.

Your assessment of the applicant's ability to benefit from this experience as well as his/her potential to contribute to the capabilities of public institutions is important to the Admissions Board. Please be as specific as you can in commenting on the applicant's relevant strengths and weaknesses. Your evaluation will be held in confidence if the waiver form has been signed.

Please use the reverse side for your letter. Your willingness to give your time to this task is appreciated.

Mail this form directly to the Public Administration Program:

University of Hawai'i at Mānoa  
2424 Maile Way, Saunders Hall 631  
Honolulu, HI 96822  
Telephone: 808-956-8260   Facsimile: 808-956-9571

To meet our review deadlines, please forward your letter to us by **March 1**. Thank you.

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**To the Applicant**

If you agree to waive your rights of access to this letter of reference and any accompanying statements, please sign the statement below.

In accordance with Section 438 of the General Education Provisions Act (title IV.P.L. 90-247, as amended), the undersigned hereby request to waive "right to access" to confidential letters and statements submitted to the University of Hawai'i respecting application for the Public Administration Program.

It is understood that the yield of this "right of access" is a voluntary action on my part, and I will not be permitted to view or otherwise obtain the information I have noted above.

Person requesting waiver: \_\_\_\_\_

Date: \_\_\_\_\_

# Letter of Reference

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Name & Signature of Reference Writer

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\_\_\_\_\_  
Date

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\_\_\_\_\_  
Telephone

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Fax

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\_\_\_\_\_  
e-mail