

GRADES

CONFIDENTIAL

File

UNIVERSITY OF CALIFORNIA, BERKELEY
Berkeley, California 94720

REPORT ON GRADUATE APPLICANT

Name of Applicant..... Neuhauser, Linda A.
(Please Print) Family Name First Name Middle Name

Proposed Graduate Major as listed on application..... Publi Health/Nutrition

Status: New / Continuing / Returning Graduate Student at Berkeley (Please circle one)

To Recommender:

We would appreciate your opinion of the person named above, who is applying for admission and/or financial assistance at Berkeley. What are your personal impressions of the candidate's intellectual capacity, ability in research or professional skill, promise of productive scholarship, the quality of previous work, and character and personality. (Use other side of sheet if necessary.)

Please do not return the completed form to the applicant but mail it directly to the **Graduate Adviser of the major department** indicated above. If applicant is applying for admission and fellowship consideration, this form must be returned preferably by December 1, but no later than **December 15**.

Miss Neuhauser has come frequently to discuss her interests in nutrition and the opportunities for training which might permit her to find a career in the utilization of nutritional knowledge for purposes of health planning for others. To provide additional background she has taken courses in biology and chemistry. In the 1973-74 academic year Dr. Ruth Brennan and I provided her with a series of readings to provide some basic knowledge of the science of nutrition. She applied herself well and proved that she could readily assimilate this kind of information. It is my opinion that she is a highly intelligent and personable young woman, who is well motivated for a career in community nutrition. We had recommended that she might to advantage seek training in public health, combining this with her nutritional interests. It is my hope that she might be admitted to the School of Public Health of the University of California. I, therefore, recommend her to you highly and without qualification.

Please rate this student in over-all promise

1	2	3	4	5	6	7	
BELOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
Lowest 40	Middle 20	Next 15	Next Highest 15	Highest 10			()
			X				

Recommender's name:..... Robert E. Shank, M.D.
Please print

Position or title:..... Head of the Department of Preventive Med. at Washington Univ. Sch. of Med.

Address:..... 4566 Scott Ave., St. Louis, MO 63110

Date:..... 2/5/75 Signature:..... Robert E. Shank, M.D.