

Doctor of Physical Therapy Program RECOMMENDATION FORM

Applicant: Fill in the section below and give this form to the individuals you have chosen to recommend you for our graduate program. Ask each individual to complete this form and mail it to us. An additional letter of recommendation may also accompany this form. Please indicate whether you will waive your legal right of access to this form and any accompanying letter.

riease pi	rint or type.						
Title	Name: Last	First	First		Ma	Maiden	
Mailing Add	ress						
City		State	State		Co	Country	
☐ I do ☐	I do not waive the right o	f access to this form an	d any accor	npanying letter.			
Signature			Date .				
Our admistreated as 1. Please	e: You have been asked to sion committee will review confidential, unless the aprate the applicant using to ompleted graduate work.	v your evaluation caref pplicant has retained h	ully as we r nis/her righ	make our decision t of access to it (n. Your recom see above).	mendation will be	
Ar	ea of Evaluation	Outstanding	Good	Average	Poor	Unable to rate	
Enthusias	sm						
Ability to	work well with others						
Dependab	oility						
Promptne	ss and thoroughness						
Initiative							
Ability to	do research						
Academic	promise to do graduate work						
Communi	cation Skills (written)						
Communi	cation Skills (oral)						
3. Please	ng have you known the ap make any additional state						
Signature of reference			Date				
<i>3</i>							

Institution/Business

Position

Name of reference (please print)