

# RECOMMENDATION FORM

## Shenandoah University Division of Athletic Training

### INSTRUCTIONS FOR THE APPLICANT

Please type or print in black ink the information in the top section of this form, and forward to your recommender with an envelope. Upon return to you, include the unopened envelope, with the recommender's name written across the seal, with your application package.

Applicant's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First M.

Applying to Master of Science in Athletic Training Program for: Summer \_\_\_\_\_(year)

In accordance with federal regulations, materials in student files such as recommendation forms are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not circle a response.

I (circle one)      DO      DO NOT      waive access to this recommendation.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Number, Street & Apt City State Zip Code

### INSTRUCTIONS FOR THE RECOMMENDER

This form should be returned in a sealed envelope with your signature across the seal. The applicant will forward the recommendation unopened to Shenandoah University with other application materials. We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance. (Please print.)

Name of individual completing this form: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

Score	(5)	(4)	(3)	(2)	(1)	
	Outstanding (top 2%)	Excellent (top 10%)	Good (top 25%)	Average (top 25% - 75%)	Below Average (bottom 25%)	Unable to Assess
Analytical Ability						
Quantitative Ability						
Written English						
Oral English						
Interpersonal Skills						
Maturity & Emotional Stability						
Self-confidence						
Motivation						
Initiative						
Leadership Ability						
Recognition of situations that are outside applicant's area of competence						
Capacity to accept and respond to constructive criticism						
Overall assessment for academic study in the chosen field						

**RECOMMENDATION FORM**

**ADDITIONAL QUESTIONS**

Please complete the following questions in the space provided or in a separate letter if you prefer

1. How long have you known the applicant, and under what circumstances?

2. What do you consider the applicant's most outstanding talents or characteristics?

3. What are the applicant's chief liabilities or weaknesses?

4. Please describe other qualities that distinguish this applicant from other students or health science professionals with whom you are familiar.

5. Please check as appropriate:

- \_\_\_\_\_ I recommend this applicant strongly (10)
- \_\_\_\_\_ I recommend this applicant (7)
- \_\_\_\_\_ I recommend this applicant, but with reservation (5)
- \_\_\_\_\_ I do not recommend this applicant (0)

<p><b>Scoring:</b> <b>For Shenandoah University Use Only</b> <b>Do not write in this box.</b> <b>Rate Score ____/65</b> <b>Rate Score ____/10</b> <b>Total out of 75: ____</b></p>
--

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime telephone number: ( ) \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_ I would like a representative from the Admissions Committee to contact me regarding this applicant