

MASTER OF SCIENCE IN ATHLETIC TRAINING RECOMMENDATION FORM



This section is to be completed by the applicant. Please type or print.

Name of Applicant _____ Social Security _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Primary Email Address _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant's choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

I do not waive by rights to inspect the contents of the following recommendation.

Signature of Applicant _____ Date _____

TO THE INDIVIDUAL SUBMITTING RECOMMENDATION: The individual above is applying for admission into the Master of Science in Athletic Training. We would be grateful for your frank and detailed evaluation of this applicant by providing answers to the attached document. We are particularly interested in specific information concerning the applicant's intellectual and personal characteristics as well as performance that may relate to her or his suitability for the study and practice of athletic training. Thank you.

Please return completed form to:

Indiana Wesleyan University

Adult Enrollment Services

1900 West 50th Street

Marion, IN 46953

Phone: 866.498.4968 | Fax: 765.677.2601



RECOMMENDATION

Please rate the candidate on the following scale:

<i>Please mark (X) the appropriate box</i>	No opportunity to observe	Poor	Below Average	Average	Above Average	Excellent	Truly Exceptional
Writing Ability							
Intellectual Ability							
Motivation							
Acceptance of Responsibility							
Cooperation							
Dependability							
Ability to Work Independently							
Judgment							
Reaction to Criticism							
Creativity							
Ethical Sensitivity							
Leadership							

Please use the space below to indicate strengths and weakness of this applicant relative to their general independence of thought, special interests, motivations, and personal qualities which may distinguish this applicant from other applicants, and their overall ability to complete the Master of Science in Athletic Training program at Indiana Wesleyan University.



Name of Respondent _____
(Please print or type)

Relationship to Applicant:

Former Instructor

Direct Supervisor

Pastor

Co-Worker

Position/ Title _____

Institution/ Organization _____

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Primary Email Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Fax (_____) _____

Signature _____ Date _____