



**PARK**  
UNIVERSITY SM

## PARK UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM

### Application Recommendation

*Please type or print information.*

**Instructions to Applicant:**

Please provide all information requested in this top section. This form should then be given to the recommending official and then returned to athletic training education department in a signed and sealed envelope. *(Note: Recommenders should not be from immediate family or best friend)*

Applicant's Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Applicant Please Check One

- I waive right of access to evaluation.
- I do not waive right of access to evaluation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Relationship of Recommender \_\_\_\_\_ Phone # \_\_\_\_\_

**Instructions to Recommender:**

Please check the appropriate column for each category. Please consider carefully each category and rate the applicant candidly. PLEASE RATE EACH CATEGORY. This is very important to the student's evaluation.

<i>Rate Each Candidate on the Following Scale:</i>	Exceptional	Good	Fair	Doubtful	Poor	No Comment
Intellectual Ability						
Ability to Communicate and Get Along with Others						
Acceptance of Responsibility						
Independence						
Emotional Stability and Maturity						
Motivation						
Potential as a Leader						
Professional Behavior						

*\* If you have further comments regarding this applicant, please feel free to comment on the back of this form or in an attached letter of recommendation.*

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_