B

DOCTOR OF PHYSICAL THERAPY
ELON UNIVERSITY

www.elon.edu/dpt   gradadm@elon.edu

RECOMMENDATION FORM

Applicant's Name:_____ SS#:_____ - _____ - _____
(Print or Type)   *Last*   *First*   *Middle*

To the applicant: Complete the identifying information above before delivering this form to the individual you have selected as a reference. The recommender is to complete the form, place it in a sealed envelope, sign the envelope on the outside over the seal and return the form to you.

To the applicant and the recommender: This recommendation will be used for admission purposes only and will not be retained in any educational record should the above named applicant enroll at Elon University. Consequently, the recommendation is not subject to the stipulations of the Family Educational Rights and Privacy Act of 1974; under the law the applicant will not have access to recommendations.

To the recommender: Please complete form and return it directly to the applicant (if possible) in a sealed envelope with your signature across the seal. We appreciate your assistance.

How long have you known the applicant and in what capacity?

Please assess the applicant in the following areas:

	Excellent	Good	Average	Poor	Unable to Judge
Attitude toward associates					
Character (integrity, honesty, responsibility, ethics)					
Classroom competence					
Emotional stability, maturity					
Industry (promptness, application, perseverance, reliability)					
Initiative (imagination, independence, resourcefulness)					
Intellectual ability (keenness, originality, capacity)					
Laboratory competence					
Oral expression					
Personal appearance (neatness, cleanliness, grooming)					
Personality (strength, leadership, sense of humor)					
Written expression					

Please explain any "excellent" or "poor" rating above and comment on any characteristic you feel requires elaboration; continue on the back page (if needed).

Please assess the applicant's motivation for physical therapy.

Assuming successful completion of physical therapy education, would you accept the applicant as your physical therapist if you were in need of a PT?
❑ Yes ❑ No Why or why not?

Note any other information that you feel would aid the university in the evaluation of the applicant. Additional pages may be attached.

Overall evaluation of applicant. Please explain.

❑ Recommend enthusiastically

❑ Recommend

❑ Recommend with reservation

❑ Not recommended

Signature: _____ Date: _____

Name (print): _____

Title and Department: _____

Employer: _____ Telephone: _____

Address: _____

_____

E-mail Address _____