



Student Applicant Recommendation Form

This section to be completed by applicant:

Applicant Name: _____ SS or TWU Student # _____

I am applying for THE Athletic Training Education Clinical Education Phase. I authorize the Texas Wesleyan Athletic Training Education Program (ATEP) to collect information orally or in writing about my qualifications and past performance.

Please initial one of the following:

_____ I waive access to this letter of recommendation

_____ I do not waive access to this letter of recommendation

Applicant Signature

Date

This section to be completed by referent. Please answer the following questions in relation to the applicant.

- I am or have been a recent college professor of a current Texas Wesleyan Student.
 I am or have been a recent college professor of the applicant at the following college or university:

Name of Institution

City

State

- I am or have been a Certified Athletic Trainer with academic knowledge of the applicant at the following college or university.

Name of Institution

City

State

- How long have you known the applicant?
 < 1 year 1-2 years >3years
- Briefly list the applicant's strength (You may elaborate in your letter of recommendation).
- Briefly describe the applicant's weaknesses.

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5. Based on your observation and interaction with the applicant please check the appropriate section you feel best applies to the applicant. If you do have not knowledge in relationship to that specific area, please indicate “not observed.”

	Below Average	Average	Above Average	Not Observed
Works cooperatively with others				
Shows respect for others				
Demonstrates a willingness to learn				
Acts on constructive criticism				
Demonstrates initiative				
Communicates effectively with others				
Demonstrates responsibility/dependability				
Demonstrates loyalty				
Demonstrates punctuality/promptness				
Demonstrates conscientious and/or attention to detail				
Demonstrates honesty and integrity				
Undertakes tasks with enthusiasm and willingness				
Overall evaluation of applicant				

6. Please attach an additional letter of recommendation on institution letter head.

Printed Name

Signature

Date

Title

Employer

Please return this form and letter of recommendation in a sealed envelope, with your signature across the seal, to:

Pamela Rast, PhD, LAT, ATC
Athletic Training Program Director
Department of Kinesiology
Texas Wesleyan University
1201 Wesleyan St.

Fort Worth, TX 7610

