



COLLEGE OF GRADUATE STUDIES ANGELO STATE UNIVERSITY

ASU Station #11025 • San Angelo, Texas 76909-1025
Phone 325-942-2169 • Fax 325-942-2194 • Email: graduate.school@angelo.edu • <http://www.angelo.edu/dept/graduate-studies/>

Physical Therapy Recommendation Form

Please use full name:

Name of Applicant _____ CID# : _____

Address _____

Applicant's Undergraduate School _____

Applicant should complete the following:

Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process by officials of Angelo State University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

- I waive access to this report which shall therefore be considered confidential.
- I do not waive access to this report.

Date: _____ Signature: _____

Note to Person Providing Reference: If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Angelo State University.

To the Applicant

We ask that you provide three references according to the following guidelines:

1. A health care professional (i.e., therapist, nurse, physical or other licensed health care professional)
2. An academic reference (professor who has taught you one or more upper level courses, or academic advisor)
3. A personal character reference (not an immediate family member)

To the Person Providing Reference

Please complete and return this form to: **College of Graduate Studies
Angelo State University
ASU Station #11025
San Angelo, TX 76909-1025**

The information that you supply concerning this applicant will be used in the screening and final ranking of applications. No application will be considered without this information. Your cooperation is appreciated.

Your Name: _____ Title: _____

Address: _____ In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Email address: _____ Telephone Number:* (____) _____

* May we contact you for additional information, if needed? Yes No

REQUIRED: In your opinion, how well does the student qualify for success in graduate school in the following areas?

	Poor (2)		Below Average (4)		Average (6)		Above Average (top 25%) (8)		Excellent (top 5%) (10)	No Basis for Judgment
Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage Multiple Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Aptitude (scholarly inquiry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along with People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us in narrative form why the applicant has received the above ratings. Reference to specific events or unusual circumstances may provide us with added insight into the strength or areas less strong of the applicant.

I recommend this student in the following way: Strongly Recommend Recommend Do Not Recommend

Signature _____ Date _____

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the College of Graduate Studies.