



# COLLEGE OF GRADUATE STUDIES ANGELO STATE UNIVERSITY

## Athletic Training Recommendation Form

Name Applicant: \_\_\_\_\_ CID#: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Applicant's Undergraduate School: \_\_\_\_\_

### Applicant Should Complete the Following:

#### To the Applicant

##### 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.

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

1. A health care professional (i.e, athletic trainer, physical therapist, nurse, 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**

This 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: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

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



# COLLEGE OF GRADUATE STUDIES ANGELO STATE UNIVERSITY

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

|                                  | Poor | Below Average | Average | Above Average | Excellent | No Basis for Judgment |
|----------------------------------|------|---------------|---------|---------------|-----------|-----------------------|
| Time Management                  |      |               |         |               |           |                       |
| Ability to Manage Multiple Tasks |      |               |         |               |           |                       |
| Critical Thinking                |      |               |         |               |           |                       |
| Research Aptitude                |      |               |         |               |           |                       |
| Analytic Ability                 |      |               |         |               |           |                       |
| Written Expression               |      |               |         |               |           |                       |
| Oral Expression                  |      |               |         |               |           |                       |
| Response to Pressure             |      |               |         |               |           |                       |
| Emotional Stability              |      |               |         |               |           |                       |
| Ability to Get Along with People |      |               |         |               |           |                       |

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.*