Program
Applicant Recommendation

This form may be reproduced as needed. Required information from this form may be included on letterhead stationary and attached to this form. Include waiver option and signature by applicant.

APPLICANT:

Applicant Name: ____________________________ SS#: ____________________________

_____ I have waived access to this recommendation.

_________________________________________ ____________________________
Applicant Signature Date

REFERENCE RESPONDENT (Please complete this form and mail directly to the address listed below.)

Person completing recommendation: ____________________________

_________________________________________ ____________________________
Name Position/Affiliation

Institution/Company: ____________________________

_________________________________________ ____________________________
Name Address

Please answer the following questions as they pertain to the applicant:

1. Potential for success in program studies ____________________________

2. Motivation ____________________________

3. Communication Skills (oral/written) ____________________________

4. How long and in what capacity have you know the applicant ____________________________

5. Additional comments that will assist us in evaluating this candidate ____________________________

_________________________________________ ____________________________
Signature of Respondent Date

Return all paper work to: Physical Therapist Assistant Program, Mercyhurst University, 16 West Division Street, North East, PA 16428