Applicant’s name ________________________________________________________________

Name of person completing this form ____________________________________________

Athletic Training Letter of Recommendation Form

To the applicant: You are required to submit two letter of recommendation forms. One letter must be from a Certified Athletic Trainer and we recommend the second letter be from someone who can speak to your academic abilities.

For the convenience of the person completing this form and for proper submission etiquette, you should include a stamped envelope addressed to the ATEP program. The recommendation form should also be sent to the ATEP program separate from your application. Recommendation forms will be considered INVALID if submitted with the application without being signed, sealed, and signed across the flap of the envelope.

Under the federal Family Educational Rights and privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

☐ I waive my right to review this recommendation.
☐ I do not waive my right to review this recommendation.

Date _______________  Applicant’s Signature ______________________________________

Name (print) _______________________________________________________________

________________________________________

RECOMMENDATION

1. I have known the applicant for ______ years, ______ months.

2. I know the applicant: □ slightly □ fairly well □ very well.

3. I have known the applicant:
   □ As a student. □ In a work setting.
   □ As an AT observer. □ As an advisee.
   □ Other __________________________________

4. Indicate the population with which the applicant is being compared in this rating:
   □ Students whom I have taught or known
   □ Undergraduate students whom I have taught or known.
   □ Athletic Trainers
   □ Colleagues with whom I have worked.

5. Is the applicant’s academic potential greater or less than that indicated by his/her grades?
   □ Much less □ Less □ Equal □ Greater □ Much greater □ No basis for judgment
6. Global Ratings: Compared to the population indicated in Item 5, rate this applicant on each characteristic:

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Lower 50%</th>
<th>Upper 50%</th>
<th>Upper 25%</th>
<th>Upper 10%</th>
<th>Upper 5%</th>
<th>No Basis for Judgment</th>
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</thead>
<tbody>
<tr>
<td>Academic Ability</td>
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<td>Desire to Achieve</td>
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<td>Work Ethic</td>
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<td>Independence and Initiative</td>
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<td>Potential for Success</td>
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<td>Carefulness in Work</td>
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</table>

7. Indicate the strength of your overall endorsement of the applicant:

- [ ] Not recommended
- [ ] Recommended with reservations
- [ ] Recommended
- [ ] Highly recommended

8. On a separate sheet, supply any additional information or include a letter for the applicant.

Signature of person completing this form __________________________ Position or Title ______________________

Institution or affiliation __________________________________________

Board of Certification Number __________________________ (ATC only)

Please check to make sure items are completed correctly and return this form to:

University of Utah
Athletic Training Student Application Committee
C/o Josh Larson, Manager
1850 East 250 South, HPR N 247
Salt Lake City, UT 84112-0920

Thank you for completing this form.