

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) \_\_\_\_\_

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#### 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:

| CHARACTERISTIC:             | Lower 50% | Upper 50% | Upper 25% | Upper 10% | Upper 5% | No Basis for Judgment |
|-----------------------------|-----------|-----------|-----------|-----------|----------|-----------------------|
| Academic Ability            |           |           |           |           |          |                       |
| Desire to Achieve           |           |           |           |           |          |                       |
| Interpersonal Skills        |           |           |           |           |          |                       |
| Work Ethic                  |           |           |           |           |          |                       |
| Ability to Work with Others |           |           |           |           |          |                       |
| Leadership Skills           |           |           |           |           |          |                       |
| Independence and Initiative |           |           |           |           |          |                       |
| Professional Commitment     |           |           |           |           |          |                       |
| Potential for Success       |           |           |           |           |          |                       |
| Carefulness in Work         |           |           |           |           |          |                       |

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, Manger  
 1850 East 250 South, HPR N 247  
 Salt Lake City, UT 84112-0920

Thank you for completing this form.