

RECOMMENDATION FORM

**TO BE COMPLETED BY APPLICANT**

Name (print) Last First Middle Initial

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Miami and I hereby waive any rights I may have to examine it.  yes  no

Signature of Applicant Date

**TO BE COMPLETED BY THE RECOMMENDER**

How long and in what capacity have you known the applicant?

**SUMMARY EVALUATION**

Applicant's promise as a graduate student and/or physical therapist, in comparison with others of similar age and experience	POOR CANDIDATE ----- LOWEST 10%	BELOW AVERAGE ----- LOWER 30%	AVERAGE ----- MIDDLE 25%	ABOVE AVERAGE ----- NEXT 25%	OUT- STANDING ----- NEXT 5%	TRULY EX-CEPTIONAL ----- TOP 5%	Inadequate Opportunity to Observe
Research aptitude							<input type="checkbox"/>
Intellectual potential							<input type="checkbox"/>
Ability to work with others							<input type="checkbox"/>
Maturity							<input type="checkbox"/>
Communication skills: oral							<input type="checkbox"/>
Communication skills:written							<input type="checkbox"/>
Ability to analyze problem & formulate solution							<input type="checkbox"/>
Motivation for physical therapy							<input type="checkbox"/>

Please indicate the strength of your overall endorsement by placing an "x" along the following scale

Not recommended	Recommended with some reservations	Recommended	Highly recommended

We would appreciate your assessment of the applicant's scholarship and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use an additional piece of paper. If you prefer, you may write the entire statement on your own stationery.

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**STATEMENT**

NAME(printed) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
POSITION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**TO RECOMMENDER:**

**PLEASE RETURN TO APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEALED FLAP AND TRANSPARENT TAPE OVER THE SIGNATURE.**