UNIVERSITY OF MIAMI
DEPARTMENT OF PHYSICAL THERAPY

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

<table>
<thead>
<tr>
<th></th>
<th>POOR CANDIDATE</th>
<th>BELOW AVERAGE</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>OUTSTANDING</th>
<th>TRULY EXCEPTIONAL</th>
<th>Inadequate Opportunity to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOWEST 10%</td>
<td>LOWER 30%</td>
<td>MIDDLE 25%</td>
<td>NEXT 25%</td>
<td>NEXT 5%</td>
<td>TOP 5%</td>
<td></td>
</tr>
</tbody>
</table>

Research aptitude

Intellectual potential

Ability to work with others

Maturity

Communication skills: oral

Communication skills: written

Ability to analyze problem & formulate solution

Motivation for physical therapy

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

PLEASE COMPLETE OTHER SIDE
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.

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.