

University of Northern Iowa Athletic Training Education Program

Recommendation for Admission

To be completed by Applicant:

Name of Applicant: _____

Name of the Person Writing the Recommendation: _____

The family Educational Rights and Privacy Act (PL 93-800) allows a candidate to waive her/his rights of access to recommendations written on her/his behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:

- I waive my right of access to this recommendation.
- I do not waive my right of access to this recommendation.

Applicants Signature: _____ Date: _____

To be completed by the Reference:

Please Check:	Outstanding	Above Average	Average	Below Average	Unable to Judge
Oral Expression					
Cooperation with others					
Interpersonal Relations					
Initiative					
Reliability					
Motivation for Career Choice					
Integrity					

How long have you known this applicant? _____ Years or _____ Months

Relationship to the applicant? _____

Your opinion of this candidate:

- Recommend very highly
- Recommended with reservation
- Recommend
- Do not recommend

Please use the reverse side of this form to elaborate on any of the above items or to make additional comments.

Signature
Title
Date

Return completed form by March 1st to:
(Forms can also be returned to the applicant in a sealed envelope with your signature across the seal)

Terri Meehan
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 University of Northern Iowa
 Human Performance Center
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 Cedar Falls, IA 50614-0244