

**WRIGHT STATE UNIVERSITY
Athletic Training Education Program (ATEP)
RECOMMENDATION FORM**

Applicant's Last Name First Name MI (please print or type)

I hereby provide permission for this reference form to be completed by the person noted below.

Applicant Signature

Date

The above-named student is applying for admission to the Athletic Training Education Program. As a part of the admissions process, candidates are asked to seek the recommendations of individuals familiar with their work and who can speak to the applicant's desire to be an athletic trainer. Please complete the numerical rating below (circle a number or ✓ not applicable in each box) and return this form to:

**Rebekah Bower, MS, ATC, LAT
Wright State University
HPR Dept. – 316 Nutter Ctr.
3640 Colonel Glenn Highway
Dayton, OH 45435-0001**

	Outstanding	Above Average	Average	Unacceptable	NA
Dependability	9 8 7	6 5 4	3 2 1	0	
Ability to work with others	9 8 7	6 5 4	3 2 1	0	
Academic performance in content area	9 8 7	6 5 4	3 2 1	0	
Interest in the profession	9 8 7	6 5 4	3 2 1	0	
Relationship with peers and supervisors	9 8 7	6 5 4	3 2 1	0	
Job performance (if applicable)	9 8 7	6 5 4	3 2 1	0	
Attendance	9 8 7	6 5 4	3 2 1	0	
Speed of learning new tasks	9 8 7	6 5 4	3 2 1	0	
Problem solving ability	9 8 7	6 5 4	3 2 1	0	

If you would like to provide additional comments, please do so on the back of this form.

Last Name First MI Title (please print or type)

Signature

Date

Relationship to applicant: _____