



Recommendation Form for the Doctor of Physical Therapy Program

Please return to:

The University of Toledo
College of Graduate Studies,
Health Science Campus
MS 1042
3000 Arlington Avenue
Toledo, OH 43614-2598

To the Applicant:

Please complete the upper portion of the recommendation form and give it to a community member who is not a relative.

Applicant's Name _____

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. The University does not require that you make such a waiver as a condition for admission.

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

I waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

Please note as is indicated above, whether or not the applicant has waived her/his right to access your recommendation. The University of Toledo would appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of her/his commitment to a career in a health-related profession. Please complete the remaining portion of this form and return it to the above address. If you prefer to provide a standard letter of reference rather than responding to the questions below, please feel free to do so, but include this student waiver form.

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

Please describe the group of individuals to whom you are comparing this applicant (eg. high school graduates, other college students, employees, etc).

In comparison with the group of individuals you previously described, how would you rate the applicant in the following characteristics?

| | Outstanding | Very Good | Average | Below Average | Unable to Evaluate |
|--|--------------------|------------------|----------------|----------------------|---------------------------|
| Inquisitiveness | | | | | |
| Critical thinking and analytical skills | | | | | |
| Organizational skills | | | | | |
| Interpersonal skills | | | | | |
| Perseverance in pursuing goals | | | | | |
| Self-reliance and ability to work independently | | | | | |
| Emotional stability and maturity | | | | | |
| Leadership potential | | | | | |
| Motivation toward a successful and productive career | | | | | |
| Ability to collaborate | | | | | |
| Oral communication | | | | | |
| Written communication | | | | | |
| Integrity | | | | | |
| Ability to perform under stress | | | | | |

Please describe qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to complete graduate studies and assume a leadership role in a health-related profession.

What do you consider to be the applicant's weaknesses?

Please indicate the confidence with which you would or would not recommend the applicant for admissions to the College of Graduate Studies of the University of Toledo.

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Please add any additional comments you may wish to make here or on a separate sheet of paper.

Recommender's Name (typed or printed) Signature Title

Company Address Telephone Number

Return this form, and recommendation letter if applicable, to:
The University of Toledo, College of Graduate Studies
Mail Stop #1042, Health Science Campus
3000 Arlington Ave.
Toledo, Ohio 43614-2598