

WINTHROP UNIVERSITY
Athletic Training Program
Letter of Recommendation

Name of applicant: _____

I agree that this recommendation will remain confidential, and I knowingly and freely waive my right to view it.

Signature of applicant (optional): _____

The person named above is applying for admission to the Athletic Training Program at Winthrop University. The information given in this recommendation will be confidential *only* if the above waiver has been signed by the student. *Do not* return this form to the applicant. Please send this letter directly to:

Director, Athletic Training Program
Department of Physical Education, Sport & Human Performance
Lois Rhame West Center
Winthrop University
Rock Hill, SC 29733

The Recommendation may also be scanned and emailed to: mclainea@winthrop.edu

I have known the applicant for ____ years as a teacher, supervising athletic trainer, advisor, employer, other (please specify):

We are especially interested in your comments regarding this applicant's aptitude for an athletic training program. What do you consider to be the applicant's major strengths?

In what areas does the applicant need further development?

Please rate the applicant in the following criteria in comparison with others you have known at similar stages in their careers:

| | Exceptional - highest 5% | Outstanding - next 10% | Very good - Upper 25% | Average | Below Average | No basis for judgement |
|---|--------------------------|------------------------|-----------------------|---------|---------------|------------------------|
| Intellectual ability | | | | | | |
| Speaking ability | | | | | | |
| Knowledge of athletic training | | | | | | |
| Motivation for athletic training | | | | | | |
| Emotional stability and maturity | | | | | | |
| Ability to work independently | | | | | | |
| Leadership potential | | | | | | |
| Ability to accept constructive feedback | | | | | | |

Summary Evaluation:

- I strongly recommend this applicant for admission and believe that she/he has the capability to perform at a superior level.
- I recommend this applicant for admission and believe her/his performance should be comparable to that of most athletic training students.
- I believe that the applicant's qualifications are marginal, but the applicant has potential and would benefit from study in your program.
- I do not recommend this applicant for admission to your athletic training program.

 Evaluator's Signature Date

 Evaluator's Name (type or print, please) Evaluator's position or title

 Evaluator's Employer ()
 Evaluator's telephone number