



**MOVEMENT ARTS, HEALTH PROMOTION, AND LEISURE STUDIES
BRIDGEWATER STATE UNIVERSITY
BRIDGEWATER, MASSACHUSETTS 02325
LETTER OF RECOMMENDATION**

TO BE COMPLETED BY THE APPLICANT

Telephone Primary Home _____ Cell _____

Name _____
Last First Middle

Current Address: _____
Number and Street Apartment/Suite

City State or Country Zip Code

E-mail Address _____

Under the provisions of the Family Education Rights and Privacy Act of 1974, you have the right, if you are admitted to a program at Bridgewater State University, to review your education records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive your right and sign your name.

- Waive Do not waive any right of access to this recommendation

Signature _____ Date _____

TO BE COMPLETED BY THE RESPONDENT

The person whose name appears above has applied to the Undergraduate Athletic Training Program (ATP) as part of the Bachelor of Science degree program in Athletic Training. Your evaluation of the applicant will assist the Undergraduate ATP Director and the Athletic Training education faculty in making a decision.

I. How long have you known the applicant and in what capacity? _____

II. In comparison with others you have taught, worked with, or supervised, please rate the applicant on the factors below using the following scale:

1. No basis for judgment 3. Average – Upper 50% 5. Very Good – Upper 10%
2. Below average 4. Good – Upper 20% 6. Outstanding – Upper 5%

	1	2	3	4	5	6
A. Breadth of general knowledge						
B. Written communication skills						
C. Oral communication skills						
D. Ability to analyze a problem and formulate a solution						
E. Acceptance of responsibility						
F. Independence and ability to work on their own						
G. Motivation						
H. Dependability						
I. Judgment						
J. Reaction to criticism						
K. Ethical sensitivity						
L. Ability to work in a group						
M. Creativity						
N. Positive attitude						
O. Leadership						
P. Emotional maturity						

III. Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for undergraduate study in athletic training. Please add any other information you consider pertinent. If you have observed this individual perform specific athletic training skills, please describe your relationship to the applicant and comment on the strengths and weakness of his/her performance.

IV. Please check the category below that most accurately describes the applicant's ability to successfully complete the Bachelor of Science degree in Athletic Training:

- | | | | |
|----------|-----------------------------------|----------|--------------------|
| 1. _____ | Not recommended | 3. _____ | Recommended |
| 2. _____ | Recommended, but with reservation | 4. _____ | Highly recommended |

Signature _____ Date _____

Name (please print) _____ Position _____

Current Address: _____
Number and Street Apartment/Suite

City State or Country Zip Code

Daytime Telephone () E-mail Address _____

Return completed letter of recommendation by **March 1** directly to:

DR. SUANNE MAURER-STARKS, ATP DIRECTOR
BRIDGEWATER STATE UNIVERSITY
ADRIAN TINSLEY CENTER, ROOM 225
325 PLYMOUTH STREET
BRIDGEWATER, MA 02325