REFERENCE FORM FOR APPLICANTS TO PHYSICAL THERAPY PROGRAMS

Part I

TO THE APPLICANT: Complete this part of the form, then submit to the persons who have agreed to complete it for you. Instruct each person to place completed reference form in a sealed envelope with their signature over the envelope seal. The envelope is to be returned to you to be submitted with all other application material to the Division of Physical Therapy 1441 Clifton Rd N.E. Suite 170, Atlanta GA 30322.

FULL LEGAL NAME

ADDRESS

DATE

PROGRAM AND SEMESTER OF ADMISSION

NAME OF INDIVIDUAL PROVIDING REFERENCE

NOTE TO APPLICANT & REFERENCE ON CONFIDENTIALITY: Federal law gives students the option of waiving their rights to see their letters of recommendation, should they be admitted. Such a waiver is printed below. If the applicant has signed, this letter will be held confidential. If not signed, it will be assumed that this letter is being submitted with full knowledge that the student may request to see it if matriculated in the above program.

I understand that this letter will be used only for the purpose of admission and hereby waive my right to see it.

Signature of applicant: ___________________________ (L.S.)

TO THE INDIVIDUAL PROVIDING REFERENCE: Please complete the following, filling in all sections: A through F. (NOTE: We are not requesting information about any handicapping condition.) Place completed reference form in a sealed envelope with your signature over the envelope seal. Return sealed envelope to the applicant.

A. ACQUAINTANCE WITH THE APPLICANT

Length of time ____________________ In what capacity ____________________

B. RATING

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<th></th>
<th>Outstanding Highest 15%</th>
<th>Good Next 25%</th>
<th>Average Middle 20%</th>
<th>Below Average Lowest 40%</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Initiative</td>
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<td>Persistence</td>
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<td>Independence</td>
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<td>Acceptance of Responsibility</td>
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<td>Reliability</td>
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<td>Judgment, Common Sense</td>
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<td>Ability to Work with/Relate to Others</td>
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<td>Ability to Think Creatively</td>
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<td>Ability to Communicate</td>
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<td>Leadership</td>
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</table>

PLEASE COMPLETE BOTH PAGES OF THIS FORM
C. Further elaboration and/or examples regarding the abilities of the applicant in the above areas. Note both strengths and weaknesses.


D. Comments on the degree of expertise the applicant has attained in the area in which you have had contact with her/him, e.g., clinical ability, intellectual ability, teaching ability, etc. Note both strengths and weaknesses.


E. Any other comments you would like to add concerning this applicant. (Attach letter if you prefer.)


F. Indicate below how you would recommend the applicant for the proposed program of study. (CHECK ONE)


ADMISSION WITHOUT RESERVATION

ADMISSION

NO ADMISSION

NAME AND POSITION


INSTITUTION OR EMPLOYER


ADDRESS


SIGNATURE ___________________________ DATE ____________

Note: Thank you for providing this information. Because so many letters of recommendation are received within a short period, we find it impossible to acknowledge them. Division of Physical Therapy 1441 Clifton Rd N.E. Suite 170, Atlanta GA 30322.

Emory University is committed to a policy of nondiscrimination on the basis of race, color, creed, sex, sexual orientation, national or ethnic origin, handicap, age or veteran’s status.