

**Texas A&M University-Commerce**  
**Graduate Program in Health, Kinesiology, & Sports Studies**  
**RECOMMENDATION FORM**

**APPLICANT:** Please type your name on this form and select your area of concentration prior to sending to your recommenders.

Last: \_\_\_\_\_ First: \_\_\_\_\_ ID# (CWID): \_\_\_\_\_

Program Concentration: Select one:  Athletic Administration  Health Promotion  Exercise Science  Physical Education Pedagogy

**TO THE PERSON COMPLETING THIS EVALUATION:** The person above is applying for admission to the Graduate Program in Health, Kinesiology, & Sports Studies at Texas A&M Commerce. In our consideration of each applicant, we place particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. This recommendation will be used only for admission purposes; it will not be made a part of the student's educational record, and no reference will be made to it for educational purposes after a decision is final on the applicant's admissibility. To complete the Reference process, please fill in the below form and click the submit button to email.

NAME OF REFERENCE: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ Years \_\_\_\_\_ months

Under what circumstances have you worked with the applicant?

• May we contact you regarding this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the applicant's ability to communicate orally and in writing. If applicant is from a non-English speaking country, how well does he or she understand, write, and speak English?

• What characteristics of the applicant led you to believe that he/she is ready for graduate level study?

Please rank the applicant in relation to where you think he/she ranks compared to others with whom you have worked by placing a check in the % box under which you would rank this applicant.

	<i>Top 5%</i>	Top 15%	Top 25%	Top 50%	Lower 50%	Not known
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning skills/Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of the attributes and abilities evaluated above, please comment on:

a) Applicant's area of greatest strength. \_\_\_\_\_

b) Areas where applicant could use greatest development. \_\_\_\_\_

**Overall evaluation (Please circle one):**

Strongly Recommend       Recommend       Recommend with Reservations       Do not Recommend

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_