

**Piedmont University Athletic Training Program
Letter of Recommendation**

To the Applicant: This form should be given to a professor, teacher, coach, or supervisor under whom you have studied or worked and who is able to comment on your qualifications for the Athletic Training Program. Please complete the top four lines (type or print) before giving them the form. The evaluator should return the letter directly to the program director at the address below.

Please type or print in blue ink

Name:		Today's Date:	
Nickname or Preferred Name:			
Permanent Street Address:			City:
State:	Zip:	Cell Phone:	Date of Birth:
Select One of the Following*: I hereby <input type="checkbox"/> <i>waive my right</i> <input type="checkbox"/> <i>do not waive my right</i> to review this recommendation.			
Applicant Signature:			Date:

**PLEASE NOTE THAT IF NEITHER BOX IS CHECKED, IT IS ASSUMED THAT YOU WAIVE THIS RIGHT*

Please type or print in blue ink

Name of Evaluator Completing the Form:	Position/Title:
Relationship to Student Being Evaluated:	Contact Phone:
Evaluator Signature:	Date:

If mailing this form:

Please address to: Dr. Brandon Reynolds, RH Daniel School of Nursing and Health Science, Piedmont College, PO Box 10, Demorest, GA 30535

-OR-

If returning a completed form to a student to submit with their application packet:

Please insert the completed form into an envelope and sign the seal.

Professor/Supervisor: Please rate the applicant with others of the same age and academic level. It is important to the candidate that you give a percentage rating as well as a narrative.

	Lower third	Middle third	Upper third	Upper 10%	Upper 1%	Not able to Judge
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<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"/>

Narrative: Please use the rest of this form to evaluate the student's suitability as an athletic trainer. Information that distinguishes the student from others is especially appreciated. (If desired, you may attach a typed letter.)