Letter of Recommendation

Doctor of Physical Therapy Program
School of Exercise & Nutritional Sciences
5500 Campanile Drive
San Diego, CA 92182-7251
619.594-0556
619.594.6553 (Fax)

Applicant Instructions: An appropriate reference is an experienced, credentialed professional who is able to comment on your ability to succeed in a graduate program. The reference should have no conflicting relationship (e.g., subordinate or family).

- Complete the top of this form in ADOBE READER
- Print a hard copy and sign at *Applicant Signature*
- Give the signed copy to the evaluator with a self-addressed envelope.
- **The evaluator should return the completed form directly to you in a signed, sealed envelope to be included in your application packet that you will submit to the SDSU DPT program**.

Name (Last, First, Middle): _____

Date of Birth (mm/dd/yy): _____

Degree Program: *Doctor of Physical Therapy*

I agree this recommendation letter shall be held in confidence by the officials of San Diego State University, and I hereby waive any right to examine it: ☐ Yes ☐ No

Applicant Signature _____ ***Date*** _____

Reference Instructions: The person named is applying to San Diego State University for the Doctor of Physical Therapy degree. This form is submitted for your frank evaluation of the applicant. Please enclose the completed and signed evaluation in an envelope, placing your signature over the sealed flap. **Return the completed evaluation in the sealed envelope to the applicant**.

Name and Credentials:_____

Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip:**_____

Email Address: _____ **Daytime Phone #:**_____

In what capacity do you know the applicant?

How long have you known the applicant?

Years _____ **Months:** _____

Some gifted individuals achieve marginal scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of his or her scholastic ability?

☐ No
☐ Yes

If No, please explain:

In your opinion, what is the applicant's likelihood of completing the degree requirements for the DPT program at San Diego State University?

Not very Likely	Neutral	Very likely
☐	☐	☐

A substantial portion of the coursework is completed independently. The following questions deal with this specific aspect of the University's pedagogical model. Please place an 'X' in the corresponding response to each statement, ensuring none are left unanswered.

	Outstanding	Average	With Difficulty
Ability to set own goals/timelines	☐	☐	☐
Ability to accomplish goals within established timelines	☐	☐	☐
Ability to seek help and/or guidance as needed	☐	☐	☐
Ability to establish relationships with faculty/colleagues	☐	☐	☐

Please rate the applicant in terms of the following qualities:

	Superior (Top 2%)	Outstanding (Top 10%)	Excellent (Top 20%)	Good (Top 50%)	Average/ Poor (Lower 50%)	No basis for judgment.
Intellectual and academic ability	☐	☐	☐	☐	☐	☐
Analytical ability	☐	☐	☐	☐	☐	☐
Ability to work well with others	☐	☐	☐	☐	☐	☐
Tenacity; perseverance toward goals	☐	☐	☐	☐	☐	☐
Motivation for academic study	☐	☐	☐	☐	☐	☐
Ability to complete work by established deadlines	☐	☐	☐	☐	☐	☐
Maturity and judgment.	☐	☐	☐	☐	☐	☐
Accepts responsibility for own actions	☐	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐	☐
Self-confidence	☐	☐	☐	☐	☐	☐
Ability to accurately self-assess	☐	☐	☐	☐	☐	☐
Leadership ability	☐	☐	☐	☐	☐	☐
Clinical potential	☐	☐	☐	☐	☐	☐
Research potential	☐	☐	☐	☐	☐	☐
Teaching potential	☐	☐	☐	☐	☐	☐
Written expression	☐	☐	☐	☐	☐	☐
Oral expression	☐	☐	☐	☐	☐	☐

San Diego State University assumes that in all likelihood the applicant is a competent person. We would be most appreciative if, instead of describing his/her general excellence, you would tell us what makes this candidate especially promising for graduate study. If, for any reason, you have substantial reservations about the candidate's potential for success in a Doctor of Physical Therapy program, please explain:

_____ _____

Reference Signature ***Date***

Return the completed evaluation in the sealed envelope to the applicant.