



Moravian College
Graduate & Continuing Studies
1200 Main Street
Bethlehem, Pennsylvania 18018
graduate@moravian.edu

Master of Science in Athletic Training (MSAT) Recommendation Statement

Please provide us with your candid evaluation of this individual's strengths and weaknesses; your assessment of the candidate's ability to be successful in our graduate program.

Please use only this form and upload it to the link provided. Your recommendation statement will be considered in the evaluation of this candidate's application for admission. You may be contacted by someone from Moravian College Graduate & Continuing Studies about the applicant.

Your personal experience with the candidate provides a perspective we find valuable in our assessment of his or her application for admission. We value your personal and candid opinion of his or her potential as a leader. Thank you for taking the time to share your insights with us.

Recommender: _____

Position/Title: _____

Organization Name: _____ City/State: _____

BOC Number (if applicable): _____ AT License Number (if applicable): _____

Telephone: _____

Email: _____

How long have you known the applicant?

To whom are you comparing this applicant?

In which of the following capacities do you know this applicant?

Professor

Clinical Supervisor

Both

Assessment of Applicant's Abilities

Please rate the applicant by placing a check mark in the appropriate box under the following descriptors: Superior, Excellent, Satisfactory, Fair, Poor, Inadequate Opportunity to Observe

Applicant Assessment	Superior	Excellent	Satisfactory	Fair	Poor	Inadequate Opportunity to Observe
Academic Ability						
Critical Thinking/ Problem Solving Ability						
Verbal Communication						
Written Communication						
Collegiality						
Dependability						
Enthusiasm/ Initiative						
Work Ethic						
Professionalism						
Maturity						
Self-Confidence						
Leadership Ability						
Time Management/ Organizational Skill						
Emotional Stability						
Ethical Behavior						
Cultural Competence/ Sensitivity						
Knowledge of the Profession of Athletic Training						
Commitment to a Career in Athletic Training						
Potential for Success as a Graduate Student						
Potential for Success as a Health Care Professional						

Please list any specific concerns you have regarding this applicant's ability to be successful in a rigorous, professional graduate program. (Limit 200 characters)

Please provide an overall recommendation for this candidate.

Highly Recommend

Recommend

Recommend with Reservation

Do Not Recommend

Type full name for
valid signature:

Date: