

**Program**  
*Applicant Recommendation*

*This form may be reproduced as needed. Required information from this form may be included on letterhead stationary and attached to this form. Include waiver option and signature by applicant.*

APPLICANT:

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ **I have waived access to this recommendation.**

\_\_\_\_\_  
Applicant Signature Date

**REFERENCE RESPONDENT** (Please complete this form and mail **directly** to the address listed below.)

Person completing recommendation: \_\_\_\_\_  
Name Position/Affiliation

Institution/Company: \_\_\_\_\_  
Name Address

**Please answer the following questions as they pertain to the applicant:**

1. Potential for success in program studies \_\_\_\_\_  
\_\_\_\_\_

2. Motivation \_\_\_\_\_  
\_\_\_\_\_

3. Communication Skills (oral/written) \_\_\_\_\_  
\_\_\_\_\_

4. How long and in what capacity have you know the applicant \_\_\_\_\_  
\_\_\_\_\_

5. Additional comments that will assist us in evaluating this candidate \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent Date

**Return all paper work to:** Physical Therapist Assistant Program, Mercyhurst University, 16 West Division Street, North East, PA 16428