St. Ambrose University

Letter of Recommendation for M.S. in Exercise Physiology

Section I: To be completed by the applicant.
Applicant Name
Address: City:
State: Zip:
Country (if outside of US):
Many writers prefer their letters be confidential. Due to the Rights of Privacy Act of 1974, the College may guarantee confidentiality only if you waive your right to access. Please indicate below: ☐ I waive my rights to future access to this reference.   ☐ I do not waive my rights to future access to this reference.
Applicant's Signature _____ Date

Section II: To be completed by the recommendation writer

The individual listed above has applied for admission to the Masters of Science in Exercise Physiology program at St. Ambrose University. The admissions committee would appreciate your evaluation of the individual as it pertains to their ability to be successful in this graduate-level program. If you wish to submit your evaluation in a different format, please feel free to do so.

How do you know the applicant? _____

How long have you known the applicant? _____

What is your overall recommendation?   ☐ Strongly recommend   ☐ Recommend   ☐ Recommend with reservations

Please assess the applicant relative to other students or employees you have known in a similar capacity.

	Outstanding *Top 2%*	Superior *Top 10%*	Good *Top Third*	Fair *Middle Third*	Poor *Bottom Third*	N/A
Intellectual ability						
Ability to work with others						
Written expression ability						
Oral expression ability						
Maturity						
Initiative/independence						
Potential for career advancement						

Please comment on the applicant's primary strengths and weaknesses as well as any other remarks you may have about the applicant. If more space is needed, please attach to this form.

Recommender's Name _____   Title/Position _____

E-mail _____   Employer_____

Phone_____   *Please return to the address below:*

St. Ambrose University, Dept. of Kinesiology
ATTN: Suzanne Weise
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Davenport, IA 52803

Kinesiology Graduate Program
MSEP@sau.edu
Questions? Contact Suzanne Weise
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