

Montana State University-Billings

Athletic Training Program

Recommendation Form

To the student: Please distribute this form to those individuals that you have asked to submit recommendations for your admission to the MSU-Billings Athletic Training Program.

Applicant Name _____

Address _____

Phone _____

I waive the right to see rating submitted by individual evaluators

I retain the right to see ratings of individual evaluators

Date _____ Applicant's Signature _____

The above named has applied to the MSU-Billings Athletic Training Program. This is a competitive concentration within the Department of Health and Human Services. The athletic training curriculum requires more than 20 hours of clinical experience each week in addition to regular classroom activities. Athletic training students will interact with coaches, athletes, physicians, and other health care professionals. **There are often many more applicants than slots available** within the concentration. Your comments will help us select those students who are most likely to be successful in our program.

Please check the box that best describes the applicant:

	Excellent	Above Average	Average	Below Average	Unable to Judge
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any attributes or characteristics that you believe would make the applicant a good addition to the MSU-Billings Athletic Training Program.

Please list any traits or characteristics that you believe would hinder the applicant from being successful in the MSU-Billings Athletic Training Program.

Additional Comments:

Name _____

Position _____

Place of Employment _____

Address _____

City _____ ST _____ Zip _____ Phone _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Signature _____ Date _____

Please enclose this recommendation in a sealed envelope, sign across the seal and return to the student requesting the recommendation. He/She will include your recommendation with the rest of the application materials. All application materials must be received by March 1st.