



WESTERN UNIVERSITY OF HEALTH SCIENCES
DOCTOR OF PHYSICAL THERAPY PROGRAM

RECOMMENDATION FORM

Instructions for DPT Applicant:

Please complete the identifying information before delivering this form to the individual you have selected as a recommender. The recommender is to complete the form, place it in a sealed envelope, sign the envelope on the outside across the seal, and return the form to you. You should then submit the sealed recommendations with your admissions packet.

WAIVER STATEMENT

The waiver statement should be signed only if you waive the right, granted you by the Family Education Rights and Privacy Act of 1974, to read this reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant: _____

Date: _____

Confidential Professional Evaluation for DPT Program

Applicant: _____
Last Name First Name Middle

Social Security No. _____

INSTRUCTIONS TO THE RECOMMENDER:

Please return reference form DIRECTLY TO THE APPLICANT in a sealed envelope **with your signature across the seal**. The applicant will then include the sealed envelope with the application packet to Western University. **Do not** mail the recommendation form directly to Western University. **ITEMS SENT UNDER SEPARATE COVER BY THE APPLICANT OR ANYONE ELSE WILL NOT BE ACCEPTED.** This form must be completed in its entirety. No recommendation will be considered without your rating of the “overall evaluation of the applicant”.

Thank you for your cooperation.

Admissions Office
Department of Physical Therapy Education
Western University of Health Sciences

Please indicate the nature of your association with the applicant:

- Supervising Physical Therapist Supervisor (non-PT) Colleague
- Other (please explain):

Please assess the applicant’s performance in the clinical setting in regards to communication, interpersonal relations, ethics, current knowledge, and skill level (provide specific examples when possible).

Please note any other information that would be helpful to the Western University PT Admissions Committee.

Overall evaluation of the applicant: Please explain.

- Recommend Highly
- Recommend
- Recommend with reservation
- Do not recommend

Name of Recommender _____
(Please print)

Title/Credentials _____

Department _____

Institution/Facility _____

Address _____

Number

Street

City

State

Zip Code

Telephone () _____

Signature of Recommender: _____ Date _____