

**EXTRACURRICULAR ACTIVITY ADVISOR/COACH RECOMMENDATION**

NOTE: A recommendation from a personal friend or family member is not acceptable.

To the Recommender: The person named below has applied to the Department of Physical Therapy at UAB.

Name of Applicant \_\_\_\_\_  
Last First Middle

Applicant's Social Security No. \_\_\_\_\_

In order to encourage the evaluator to provide an objective and candid impression, the applicant is encouraged to sign the following statement. Please be assured, however, that the choice about the signing of this statement cannot be used negatively in the Department of Physical Therapy's admissions process.

I hereby waive my right to access, under the Family Educational Rights and Privacy Act of 1974, to this letter of recommendation.

\_\_\_\_\_  
Sign Date

The admissions committee has evidence from other sources on the applicant's past academic record. You can be of most help to both the applicant and the Admissions Committee by providing information on behavioral qualities, which we believe to be related to his or her success in physical therapy. Such factors as intellectual curiosity, ability to work with others, ability to be open and accepting of different kinds of people, respect for rights of others and others you find to be unique to this individual.

Listed below are qualities desired in physical therapy students? Please rank the applicant in relation to others you have known in the same capacity.

QUALITIES	Superior Top 10%	Better than Average Top 20%	Average Top 30%	Lacking	No Basis for
Judgement					
Demonstrates Intellectual Curiosity					
Demonstrates Acceptance of Different Kinds of people					
Respect for Rights of Others					
Motivation and Initiative					
Independence					
Dependability					
Verbal Clarity					
Written Communication Skills					
Overall Intellectual Capability					
Is a Constructive Team Member?					

- ( ) Recommend with confidence
- ( ) Recommend
- ( ) Recommend with reservation
- ( ) Not recommended

Please provide information about these qualities and any additional comments that you feel would aid the Admissions Committee in the evaluation of the applicant. Use the space provided or attach a letter. Please discuss any unusual circumstances, which may have affected the applicant's performance.

In what capacity have you known the applicant?

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How long have you known the applicant? \_\_\_\_\_

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Signature

Date

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Name

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Title

Phone #

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Organization or Institution

Department

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Address

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City

State

Zip Code

Please return to:

The University of Alabama at Birmingham  
Department of Physical Therapy - Admissions Office  
SHPB-333 1720 2<sup>nd</sup> Avenue South  
Birmingham, Alabama 35294-1212