

**East Texas A&M University**  
**Graduate Program in Health, Kinesiology, & Sports Studies**  
**Recommendation Form**

**APPLICANT:** Please type your name on this form and select your area of concentration.

Last: \_\_\_\_\_ First: \_\_\_\_\_ CWID: \_\_\_\_\_

**Program Concentration:**

\_\_\_\_ Athletic Administration    \_\_\_\_ Exercise Science    \_\_\_\_ Sport Management    \_\_\_\_ Sports Coaching

**TO THE PERSON COMPLETING THIS EVALUATION:** This recommendation will only be used for admission purposes; it will not be made a part of the student's educational record, and no reference will be made to it for educational purposes after a decision is final on the applicant's admissibility.

**NAME OF REFERENCE:** \_\_\_\_\_ **POSITION/TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

May we contact you regarding this applicant? \_\_\_\_ Yes \_\_\_\_ No

Describe the applicant's ability to communicate orally and in writing. If applicant is from a non-English speaking country, how well does he or she understand, write, and speak English? \_\_\_\_\_

Please provide any additional comments you feel would be useful in evaluating this applicant's ability to complete a graduate degree. (You may attach additional pages if necessary.) \_\_\_\_\_

Please rank the applicant in relation to where you think he/she ranks compared to others with whom you have worked by placing a check in the % box under which you would rank this applicant.

	<i>Top 5%</i>	Top 15%	Top 25%	Top 50%	Lower 50%	Not known
Self confidence						
Leadership potential						
Maturity						
Motivation						
Intellectual ability						
Creativity						
Ability to work with others						
Oral communication skills						
Written communication skills						
Planning skills/Time management						
Personal integrity						

**Overall evaluation (Please circle one):**

\_\_\_\_ Strongly Recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend with Reservations    \_\_\_\_ Do not Recommend

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the form to the Graduate School by mail or email.

East Texas A&M University, Graduate School, PO Box 3011, Commerce, TX 75429

Email: [DeRene.Sutton@etamu.edu](mailto:DeRene.Sutton@etamu.edu)