

III. Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for graduate study in athletic training. Please add any other information you consider pertinent. If you have observed this individual perform specific athletic training skills, please describe your relationship to the applicant and comment on the strengths and weakness of their performance.

IV. Please check the category below which most accurately describes the applicant's ability to successfully complete the Master of Science degree in Athletic Training:

- | | |
|--|-----------------------------|
| 1. _____ Not recommended | 3. _____ Recommended |
| 2. _____ Recommended, but with reservation | 4. _____ Highly recommended |

Signature _____ Date _____

Name (please print) _____ Position _____

Current Address: _____
Number and Street Apartment/Suite

City State or Country Zip Code

Daytime Telephone () E-mail address _____

Return completed letter of recommendation to:

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