

Department of Physical Therapy and Rehabilitation Sciences
School of Allied Health
The University of Kansas Medical Center

Personal Recommendation

Applicant's Name _____

Confidentiality Options

I request a CONFIDENTIAL recommendation and waive my right to review this form. This means that the person who submits this recommendation knows that I will not be aware of its contents now or at any time in the future.

Signature

Date

I request a NON-CONFIDENTIAL recommendation and retain my right to review this form. This means that the person who submits this recommendation knows that I may ask to see this recommendation if I am admitted into the DPT Program.

Signature

Date

The applicant MUST sign one of the above options

Instructions to the person completing this recommendation: The person named above is applying to the Professional Program in Physical Therapy at the University of Kansas Medical Center. **On a separate piece of paper (letterhead, if possible)** please: 1) describe your relationship with the candidate; 2) comment on the candidate's ability to communicate (verbally and/or in writing) and his/her interpersonal skills; and 3) address any other qualities this candidate possesses that you believe will enable him/her to be successful in graduate school and become a successful professional.

Person Writing the Recommendation (RECOMMENDATION IS TO BE INCLUDED ON AN ATTACHED SHEET; LETTERHEAD PREFERRED).

NAME (Print)_____

NAME (Signature)_____

CLINICAL and ACADEMIC DEGREES YOU HOLD _____

NAME OF FACILITY/ACADEMIC INSTITUTION _____

YOUR POSITION AT INSTITUTION _____

ADDRESS (CITY/STATE)_____

Please return this form with the accompanying letter to the applicant in a sealed envelope with your signature over the seal to ensure confidentiality.