

**Clarkson University**  
**CENTER FOR HEALTH SCIENCES**  
**DEPARTMENT OF PHYSICAL THERAPY**

**UNDERGRADUATE REFERENCE FORM**

For applicants seeking admission to the Pre-Physical Therapy Concentration

**APPLICANT**

Applicant Name (PRINT): \_\_\_\_\_

I (CIRCLE ONE ONLY) do do not agree to waive my right under The Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFEREE:**

*Please fill out the Behavior/Ability grid below, whether or not you are providing written comments. Written comments may be entered on page 2 of this form, or attached in the form of a letter. Completed forms/comments/letters should be returned to the applicant in a sealed and signed envelope for submission by the applicant.*

Applicant Name (PRINT): \_\_\_\_\_

Name of Person Providing Reference (PRINT): \_\_\_\_\_

Title/Credentials (PRINT): \_\_\_\_\_

Dates of interaction with student (PRINT): \_\_\_\_\_

Context of interaction with student (PRINT): \_\_\_\_\_

*This applicant is applying for acceptance into the undergraduate Pre-Physical Therapy Concentration. Please evaluate this applicant with respect to the following behaviors and abilities, ones that are important for health care professionals.*

<b>Behavior/Ability</b>	<b>Excellent (top 10%)</b>	<b>Well Above Average</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Chance To Observe</b>
Commitment to learning						
Interpersonal skills						
Written and verbal communication						
Effective use of time and resources						
Use of constructive feedback						
Problem-solving skills						
Professionalism						
Responsibility						
Critical thinking						
Stress management						

**PLEASE COMPLETE PAGE 2 OF THIS FORM  
AND PROVIDE SIGNATURE.**

**UNDERGRADUATE REFERENCE FORM**  
**PAGE 2**

Please describe this applicant's strengths and weaknesses, basing your opinion on your experiences with, and knowledge of, this applicant. If appropriate, describe his or her potential to perform as a health professional. You may use a separate sheet of paper, or submit a letter, if desired. If you do use a separate sheet of paper, or submit an accompanying letter, please make sure you sign this form in the space indicated below.

Signature of Person Providing Reference:

\_\_\_\_\_

(SIGNATURE)

\_\_\_\_\_

(DATE)

Institution (PRINT):

\_\_\_\_\_

Title/Position (PRINT):

\_\_\_\_\_

Address (PRINT):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***THANK YOU FOR YOUR ASSISTANCE IN OUR ADMISSION PROCESS***

**Please return this form in a sealed and signed envelope to the applicant.  
The applicant is responsible for ensuring that this form is submitted as part of his/her application.**