



Physical Therapist Assistant Program



Letter of Recommendation

REQUEST FOR A LETTER OF RECOMMENDATION

I am applying to the Physical Therapist Assistant Program at Jefferson College in Hillsboro, MO, and am asking if you would be willing to complete this letter of recommendation to support my application. Should you decide to recommend me, I am willing to provide you with any information you may need to help you in this evaluative process. Please note the signed waiver below and include this page in the sealed envelope with the other recommendation forms. Thank you for your time and consideration as I embark upon this new journey.

APPLICANT WAIVER OF ACCESS TO
LETTER OF RECOMMENDATION

Applicants: Please indicate whether or not you waive your right to review this letter of recommendation by signing the correct line at the bottom of this page.

NOTE: Waivers of access to letters of recommendation are *optional* and *voluntary*. Departments or programs at Jefferson College may request waivers, but do not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Printed Name of Applicant _____

By signing below, I agree to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) written by the below named recommender.

Applicant Signature

Date

I do not waive my right to access and examine the letter of recommendation (or copies) written by the above named recommender.

Applicant Signature

Date

Name of Recommender _____



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CONFIDENTIAL EVALUATION OF APPLICANT

Applicant: _____

Date: _____

The above named applicant has given you this recommendation form as needed for application to the Physical Therapist Assistant (PTA) Program at Jefferson College.

How long have you known this applicant? _____

In what capacity have you been associated with this applicant? _____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Punctuality/Reliability					
Appearance					
Shows Initiative					
Quality of Work					
Problem Solving/Resourcefulness					
Stress Management					
Maturity/Emotional Control					
Interpersonal Skills					
Communication Skills					
Integrity					



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Please discuss the applicant's characteristics you feel will make him/her a competitive candidate for this professional healthcare program.

- I recommend this applicant with confidence.
- I recommend this applicant.
- I recommend this applicant with some reservations.
- I would not recommend this applicant for admission.

Evaluator's Name: _____

Evaluator's Signature: _____

Contact Information: _____

Thank you,

If you have any questions, please feel free to call the PTA Program Director, Bridget Webb, at 636-481-3414.

Return this 3-page form in an envelope ***with your signature across the flap***, to:
Jefferson College
Attn: Bridget Webb
1000 Viking Drive
Hillsboro, MO 63050

This recommendation needs to be received by: Monday, August 3, 2020.