To the Applicant
Complete this section (please print or type) and ask your recommender to complete the rest of the form and return it to the address indicated.

Name
________________________________________________________________________________________________________________________________________
Address
________________________________________________________________________________________________________________________________________
Home phone __________________________________________ Work phone __________________________________________
Program for which you are applying:
☐ Master of Occupational Therapy ☐ Master of Physician Assistant Studies ☐ Doctor of Physical Therapy
Under the Family Education Rights & Privacy Act, you have the right, if you enroll at Chatham, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you wish to waive this right.
☐ I waive my right to review this application.
☐ I do not waive my right to review this application.
Signature of applicant ___________________________________________________________________________ Date ____________________

To the Recommender
Please assess the applicant’s potential as a graduate student in the program indicated above.

<table>
<thead>
<tr>
<th>Academic performance and abilities</th>
<th>Exceptional ☐</th>
<th>Excellent ☐</th>
<th>Good ☐</th>
<th>Average ☐</th>
<th>Below Average ☐</th>
<th>Unable to Judge ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation for this program of study</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Intellectual maturity and capacity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Research and writing ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Community service and related activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

How long have you known the applicant? _______________________________________________________________________________________
In what capacity? ____________________________________________________________________________________________________________________________________________

Recommendation for graduate study:
☐ Recommend enthusiastically
☐ Recommend with confidence
☐ Recommend with reservation
☐ Do not recommend

Please print or type.
Name of recommender _______________________________________________________________________________________________________
Title __________________________________________________________________________________________________________________________________________________________________________________________________________
Institutional affiliation/address ___________________________________________________________________________________________
________________________________________________________________________ Telephone _______________________________________________________________________________
Signature __________________________________________________________________________ Date ____________________

Copyright 2013 Chatham University
All rights reserved. Printed in the United States of America
Use this space to provide an additional assessment of the applicant’s capability for graduate study.