Texas A&M University- Commerce Graduate Program in Health, Kinesiology, & Sports Studies Recommendation Form

APPLICANT: Please type your name on this	s form and sele	ct your area	of concentrat	ion.			
_ast:	First:				CWID:		
Program Concentration:							
Athletic Administration Exerci	se Science	Internatio	nal Sport Ma	anagement	Sports	Coaching	
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NAME OF REFERENCE:		P(POSITION/TITLE:				
DRGANIZATION:	ANIZATION: TELEPHONE:		EMAIL:				
low long have you know the applicant?	In	what capacit	y?				
May we contact you regarding this application							
escribe the applicant's ability to commun ow well does he or she understand, write	•	_			• .	•	
egree. (You may attach additional pages if the series of t	ere you think h	ne/she ranks (compared to				
racing a check in the % box under which y	Top 5%	Top 15%	Top 25%	Top 50%	Lower 50%	Not known	
Self confidence		. op 2075	. 6 2 2 7 6		201101 0070		
Leadership potential							
Maturity							
Motivation							
Intellectual ability							
Creativity							
Ability to work with others							
Oral communication skills							
Written communication skills							
Planning skills/Time management							
Personal integrity							
			1				
Overall evaluation (Please circle one):							
Overall evaluation (Please circle one): Strongly Recommend Rec	ommend	Recor	nmend with	Reservations	D	o not Recomi	
Overall evaluation (Please circle one): Strongly Recommend Rec Advisor Signature				Reservations		o not Recomi	

Texas A&M University-Commerce, Graduate School, PO Box 3011, Commerce, TX 75429

Email: Dayla.Burgin@tamuc.edu