

# FORM OF RECOMMENDATION

Arizona Western College

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The student whose name appears above has applied for a position in the AWC Sports Medicine Internship Program. Your evaluation of the applicant will aid in the selection process.

1. How long have you known the applicant? \_\_\_\_\_

In what capacity?

\_\_\_\_\_  
\_\_\_\_\_

2. Please **CHECK** the appropriate evaluation for the student:

	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>Cannot Judge</b>
Professionalism						
Punctuality						
Integrity						
Responsibility						
Organization						
Motivation/ Initiative						
Verbal/Digital Communication						
Team Cooperation						

3. On the reverse of this page please provide any additional comments about the applicant and give your opinion of his/her potential for success as a Sports Medicine Intern.

4. Indicate your overall evaluation of the applicant:

- Strongly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

Name (Please Print): \_\_\_\_\_

Institution: \_\_\_\_\_ Title: \_\_\_\_\_

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

*Please return to applicant in a sealed envelope as soon as possible.*