

pplicant Information  pplicant Name: * Proposed Degree Program: Proposed semester and year of admission: *  Occupational Therapy - Traditional Full-Time Program  ecommender Information  alutation: * First Name: * Last Name: *  mail: * Phone Number: *  rofessional Affiliation/Organization: Professional Title:  what capacity do you know the applicant? *  Instructor in One Class (specify course):  Instructor in More Than One Class (specify courses):  Employer/Supervisor  Research Advisor  Major Advisor  Other (specify):  ow long have you known the applicant? (Please enter 0 if appropriate)*	Tail to: rand Valley State University dmissions Office Campus Drive		* indicates a required field
Proposed Degree Program:  Occupational Therapy - Traditional Full-Time Program  Proposed semester and year of admission: *  Occupational Therapy - Traditional Full-Time Program  Last Name: *  Phone Number: *  Phone Number: *  Instructor in One Class (specify course):  Instructor in More Than One Class (specify courses):  Employer/Supervisor  Research Advisor  Other (specify):  Other (specify):  Over long have you know the applicant? (Please enter 0 if appropriate)*	llendale, MI 49401-9403		
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Employer/Supervisor  Research Advisor  Major Advisor  Other (specify):  ow long have you known the applicant? (Please enter 0 if appropriate)*			
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Major Advisor  Other (specify):  ow long have you known the applicant? (Please enter 0 if appropriate)*			
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## Ratings Please rate the applicant compared to other students at the same education level with regard to the following characteristics. Commitment to Learning \* Below Average Unable To Rate Exceptional Above Average Average Poor Communication - Oral \* Exceptional Above Average Below Average Poor Unable To Rate Average Communication - Written Unable To Rate Exceptional Above Average Below Average Poor Average Computer/Technical Skills \* Above Average Below Average Exceptional Average Poor Unable To Rate Creativity \* Exceptional Above Average Average Below Average Poor Unable To Rate Critical Thinking/Reasoning Exceptional Below Average Unable To Rate Above Average Poor Average Ethical and Professional Behavior \* Exceptional Above Average Below Average Poor Unable To Rate Average Interpersonal Skills \* Poor Unable To Rate Exceptional Above Average Below Average Average Leadership Ability \* Exceptional Above Average Average Below Average Poor Unable To Rate Maturity/Stability \* Exceptional Above Average Below Average Unable To Rate Poor Average Problem Solving \* Exceptional Above Average Average Below Average Poor Unable To Rate Responsibility/Dependability Exceptional Below Average Poor Unable To Rate Above Average Average Time Management \* Exceptional Above Average Below Average Poor Unable To Rate Average

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ditional comments or information you wish to provide regarding this applicant:		
ummary		
ase select one of the following ratings for the applicant: *		
Recommend enthusiastically		
Recommend with confidence		
Recommend		
Recommend with reservation		
Not recommend		
I certify that all the answers and information I have provided on this recommendation are complete and accurate		
the best of my knowledge.*		