

## ADMISSIONS PROCESS FOR THERAPEUTIC RECREATION

The admissions process for Therapeutic Recreation consists of three phases. These phases are outlined below.

### Phase I

Phase I consists of having the following prerequisites met or being currently enrolled at the time of application. The prerequisites are:

- Overall GPA of 2.7 or above
- PSY 101
- BIO 120
- CHM 109

### Phase II

Phase II consists of the actual application process. Students must submit all application materials directly to the College of Health Professions (see address below). The application consists of the following components all of which must be **completed and RECEIVED by March 1 prior to the intended Fall entry.**

- Therapeutic Recreation Application
- Autobiographical Sketch: prepare a typed 2-3 page narrative on a separate sheet of paper
- Statement of professional goals: prepare on a separate sheet of paper
- Verification of 50 hours of volunteer or paid work in a therapeutic setting (form included)
- Two (2) letters of recommendation from therapeutic recreation specialists, related health care, or other recreation professionals with whom the applicant has completed volunteer or paid work hours (2 forms included)
- Official transcripts from candidates who have not attended GVSU prior to Winter 2011

### Phase III

Upon completion of Phase I and II, students will be notified of provisional admission into the program and will be asked to set up an advising appointment with faculty from Therapeutic Recreation. Students will be given a permit to register for REC 300, 302, 304 & 389 for the Fall semester. **Upon successful completion of these two courses (80% competency/B- in each course), the student will be granted full admission into the Therapeutic Recreation Program.**

*All application materials must be sent to:*

**Valinda Stokes  
College of Health Professions  
Grand Valley State University  
301 Michigan St., NE Suite 335  
Grand Rapids, MI 49503  
(616) 331-5900**

## THERAPEUTIC RECREATION APPLICATION

### Grand Valley State University

To be able to apply, a student must have an **overall GPA of 2.7**, have completed or be currently enrolled in **BIO 120, CHM 109, PSY 101**, and have completed a minimum of **50 hours volunteer or paid work in a therapeutic setting**.

**PLEASE TYPE OR PRINT LEGIBLY**

Name: \_\_\_\_\_ Student G#: \_\_\_\_\_  
(if applicable)

Campus/Local Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Campus/Local Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Current GPA: \_\_\_\_\_

### **PLEASE ATTACH TO YOUR APPLICATION THE FOLLOWING:**

**All application materials must be submitted by March 1 of the year of program entry**

1. Therapeutic Recreation Application
2. Autobiographical Sketch: prepare a typed 2-3 page narrative on a separate sheet of paper
3. Statement of professional goals: prepare on a separate sheet of paper
4. Verification of 50 hours of volunteer or paid work in a therapeutic setting (form included)
5. Two (2) letters of recommendation from therapeutic recreation specialists, related health care, or other recreation professionals with whom the applicant has completed volunteer or paid work hours (2 forms included)
6. Official transcripts from candidates who have not attended GVSU prior to Winter 2018

NOTE: *Letters of recommendation need to be sent directly from the agency to GVSU's College of Health Professions or given to the student in a sealed and signed envelope.*

**All application materials must be sent to:**

**Valinda Stokes**

**College of Health Professions, Grand Valley State University,  
301 Michigan St., NE, Grand Rapids, MI 49503**

## **Paid/Volunteer Work in Therapeutic Settings**

Provide the following information regarding your experience in working with persons with disabilities.  
Please start with the most recent experiences first. Attach an additional sheet if necessary.

Name of Agency: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Number of Hours at Agency: \_\_\_\_\_ Dates at Agency: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief Description of Responsibilities and Persons Served: \_\_\_\_\_

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

Name of Agency: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Number of Hours at Agency: \_\_\_\_\_ Dates at Agency: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief Description of Responsibilities and Persons Served: \_\_\_\_\_

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

Name of Agency: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Number of Hours at Agency: \_\_\_\_\_ Dates at Agency: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief Description of Responsibilities and Persons Served: \_\_\_\_\_

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

## VERIFICATION OF VOLUNTEER/PAID WORK IN THERAPEUTIC SETTINGS

### Therapeutic Recreation Program at Grand Valley State University

This verifies that \_\_\_\_\_ has completed \_\_\_\_\_

volunteer/paid hours at \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

Supervisor's Name (please print): \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

Agency Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This verifies that \_\_\_\_\_ has completed \_\_\_\_\_

volunteer/paid hours at \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

Supervisor's Name (please print): \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

Agency Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LETTER OF RECOMMENDATION

### Therapeutic Recreation Program at Grand Valley State University

**This section to be completed by the applicant before the form is given to the professional making the recommendation.**

Name of applicant: \_\_\_\_\_ Student G#: \_\_\_\_\_  
(if applicable)

I voluntarily waive, relinquish, and disclaim all of my rights to have access to this letter of recommendation in accordance with the Federal Family Education Rights and Privacy Act of 1974.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

The Therapeutic Recreation Program appreciates your cooperation in completing this recommendation statement on behalf of the applicant for admission to the Therapeutic Recreation Program.

Please rate the applicant. Compare them with others of similar experience and position. If you prefer you may write a letter of recommendation and attach it to this form as a substitute for the below.

	Outstanding	Above Average	Average	Poor	No Basis for Judgment
Academic Potential					
Capacity for Analytical/Conceptual Thinking					
Oral Communication Skills					
Written Communication Skills					
Ability to Work with Others					
Accepts Constructive Criticism					
Motivation/Initiative					
Creativity/Imagination					
Emotional Maturity					



How do you recommend this applicant for admission into the Therapeutic Recreation Program?

\_\_\_\_ Strongly Recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend with Reservations    \_\_\_\_ Do Not Recommend

Please use the space below to give any comments or remarks that might further assist in understanding this applicant's strengths and limitations for success in the Therapeutic Recreation Program. Attach an additional sheet if necessary.

Name: (please print) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

**This form must be mailed and received by the College of Health Professions no later than March 1. PLEASE RETURN TO:**

**Valinda Stokes  
College of Health Professions  
Grand Valley State University  
301 Michigan Street NE; Suite 335  
Grand Rapids, MI 49503**

## LETTER OF RECOMMENDATION

### Therapeutic Recreation Program at Grand Valley State University

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Name of applicant: \_\_\_\_\_ Student G#: \_\_\_\_\_  
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Capacity for Analytical/Conceptual Thinking					
Oral Communication Skills					
Written Communication Skills					
Ability to Work with Others					
Accepts Constructive Criticism					
Motivation/Initiative					
Creativity/Imagination					
Emotional Maturity					

Over



How do you recommend this applicant for admission into the Therapeutic Recreation Program?

\_\_\_\_ Strongly Recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend with Reservations    \_\_\_\_ Do Not Recommend

Please use the space below to give any comments or remarks that might further assist in understanding this applicant's strengths and limitations for success in the Therapeutic Recreation Program. Attach an additional sheet if necessary.

Name: (please print) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

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