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 113  
Grand Rapids, MI 49503  
(616) 331-5900

July 2015
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#:________________

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 2016

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

July 2015
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.

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<th></th>
<th>Outstanding</th>
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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 113  
Grand Rapids, MI  49503
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: __________________

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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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