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 110 and REC 111 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

Grand Valley State University
College of Health Professions

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 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

Grand Valley State University
College of Health Professions

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: _____

_____

_____

Grand Valley State University
College of Health Professions

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:_____

Grand Valley State University
College of Health Professions

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					

July 2015

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

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Accepts Constructive Criticism					
Motivation/Initiative					
Creativity/Imagination					
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Over

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

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Title: _____

Address: _____ Phone #_____

_____

_____

Signature: _____ Date: _____

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