

**REFERENCE FORM**  
**ATHLETIC TRAINING/SPORTS MEDICINE MASTER'S PROGRAM**  
**UNIVERSITY OF OREGON**

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**APPLICANT INSTRUCTIONS:**

A minimum of 3 references are required to complete your application. Be sure that at least 2 references address your academic performance and potential for success in graduate school, and at least 2 references describe your clinical athletic training experience and abilities (a letter from a direct supervisor who can quantify your athletic training experience is recommended). Your evaluator may address BOTH your academic performance AND your athletic training experience, if appropriate.

Please supply the information requested on the top half of this page and furnish a copy of this form to the individual recommending you. This form should be paper-clipped to a letter of recommendation and sealed in an envelope (and signed along the seal). All letters of recommendation must be included in the complete application package.

Applicant (print or type): \_\_\_\_\_  
Name SSN

References written in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Lab 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

- ☐ I waive my right of access to this reference form and accompanying letter.  
☐ I do not waive my right of access to this reference form and accompanying letter.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluator Instructions:**

Please complete the following information along with Parts I and II of this reference form and return to the applicant you are recommending in a sealed envelope. Sign the envelope on the back across the sealing flap.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

In what capacity? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_  
(very well, average, not very well)

Please indicate which of the following your reference will discuss:

academic performance      potential for success in graduate school      athletic training experience and abilities

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**Part I:** Please indicate your evaluation of the applicant, relative to their classmates, with a check mark.

	Top 1%	Top 10%	Top 20%	Above Average	Below Average	Not Observed
Intellectual ability						
Ability to communicate knowledge orally						
Ability to be self directed						
Ability to develop appropriate questions						
Emotional maturity						
Adaptability						
Team player						
Dependability						
Awareness of limitations						
Reaction to criticism						
Patient interaction						
Application of theory						
Leadership ability						
Ability to balance responsibilities						
<b>Overall eval</b> , compared to all others observed						

**Summary Evaluation:**

Recommend without reservations      Recommend      Recommend with reservations      Do not recommend

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

**Part II: Letter of Reference**

Personal references are a valued and integral part of the admissions process. Our program seeks individuals who have the potential for success in a rigorous educational program, have strong academic, clinical and personal skills and are suitable for a clinical athletic training graduate fellowship position.

Please submit a **letter of reference** on professional letterhead for the applicant.

- Comment on the qualities in the grid above as well as the following: their motivation to pursue a Master's Degree, specific strengths and weaknesses as a student and clinical athletic trainer, and any reservations you might have regarding their ability to succeed in our graduate program.

Your candid evaluation of the applicant will be of significant value and is greatly appreciated.