DEPARTMENT OF HEALTH AND KINESIOLOGY

THE UNIVERSITY OF TEXAS AT TYLER ● Request for Reference

This form is important in the evaluation of the applicant for admission and may be used in support of application for a financial award (e.g., assistantship). Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.
PLEASE FILL IN THIS FORM COMPLETELY BY TYPING OR USING PEN.

● **Applicant completes the top section of this form.**

Applicant Name:

PROPOSED GRADUATE MAJOR:

☐ Master of Education in Health and Kinesiology ☐ Master of Science in Clinical Exercise Physiology ☐ Master of Science in Kinesiology

OPTIONAL: I hereby waive my right of access to the material recorded below.

Signature Date

● **Reference completes the bottom section of this form.**

To the Reference: Please check the boxes below to indicate your judgments regarding various characteristics of the applicant. You may also provide written comments on the back of this form or on a separate page.

COMPARE THE APPLICANT WITH OTHER STUDENTS OF THE SAME LEVEL AS FOLLOWS:

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO INFORMATION
Intellectual ability					
Ability to communicate in writing					
Ability to communicate orally					
Reasoning ability					
Desire to learn					
Sense of purpose					
Motivation to succeed					
Ability to work independently					
Ability to work with others					

I have known this applicant for _____ years.

During this time, the applicant was a/an: ☐ undergraduate student ☐ graduate student ☐ assistant of mine ☐ advisee of mine
☐ departmental assistant ☐ other (please specify) _____

In summary, my recommendation for this applicant is: ☐ very strong ☐ strong ☐ average ☐ below average
☐ recommendation with reservation (Please explain on the back of this form or on a separate page.)

REFRENECE'S INFORMATION - Please type or print (or attach business card that includes the indicated information), and sign:

Name Place of Employment Title

Address City, State, Zip Code (Area Code) Telephone

Signature Date E-Mail Address

Please mail this form to: The University of Texas at Tyler; Department of Health and Kinesiology; 3900 University Blvd.; Tyler, TX 75799

2/1/08