



Applicant Recommendation Form for the Doctor of Occupational Therapy Program

To the Applicant: Please complete the top section of this form. Complete the waiver, if you wish to waive access to the completed recommendation form, and then deliver copies of this recommendation form directly to three individuals who are familiar with your potential for success in the Doctor of Occupational Therapy degree program.

A total of three recommendations are required: one from an employer or a supervisor; one from an Occupational Therapy colleague; and one from a person who can attest to your scholarly potential. Recommendations from fellow students, personal friends, or family members are not acceptable.

Applicant's Name Recommender's Name

Position or Title of Recommender

This recommender is a(n) (select one): Employer/Supervisor OT Colleague Person to Attest to Scholarly Ability

Waiver In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, I understand that I may choose to waive my right to review this recommendation form. This waiver is effective insofar as the recommendation form is used solely for the purpose of admission. The university does not require that I make such a waiver as a condition for admission. I hereby waive my right of access to this recommendation form and agree that this information shall remain confidential.

Signed By _____

Date

To the Recommender:

The above named applicant is applying for admission to the Doctor of Occupational Therapy (DrOT) program at Governors State University. Your assessment of the applicant will help the Department of Occupational Therapy make its decision regarding the applicant's admission to program. Please complete the section below and follow the instructions provided. When you are finished, place this form, in an envelope. Seal the envelope, and sign your name over the seal. Return the sealed envelope to the applicant for submission with the rest of his/her completed application package.

To Be Completed by Recommender

Name

Phone Number

Position or Title

Address

How long have you known the applicant?

City

State

Zip Code

In what capacity have you known the applicant?

INSTRUCTIONS: In your letter of recommendation, please address the applicant's potential for success in the Doctor of Occupational Therapy (DrOT) program based on the following criteria: Intellectual curiosity, critical thinking, initiative, and communication skills. Please feel free to add additional comments you would like the admission committee to consider on behalf of the applicant.

Signed By _____

Date _____