

# United States Sports Academy

## Master's Degree Program

### Recommendation Form

This form is provided for use in lieu of a letter of recommendation. Three (3) completed recommendation forms are required for academic admission. The applicant is to complete Section I and forward copies to chosen references for completion.

Plan of Study: Intended Enrollment \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_ Emphasis:  Sports Coaching  
 Sports Management  
 Sports Studies  
 Sports Medicine  
 Sports Fit/Health

#### Section I (Please Print or Type)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street or Box No. City State Zip or Postal Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Institution Granting Undergraduate Degree: \_\_\_\_\_

Family Education Rights and Privacy Act of 1974 states that letters of recommendation not accompanied by waivers may be viewed by the students. \_\_\_\_\_ I do waive my rights or \_\_\_\_\_ I do not waive my rights.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

#### Section II (This is to be completed by writer of recommendation.)

Please rate the above applicant on the following characteristics:

	Excellent	Good	Fair	Poor	N/A
Scholarship					
Intellect					
Initiative					
Perseverance					
Experiment or research skills					
Creativity					
Resourcefulness					
Leadership					
Integrity					
Employment record					
Appearance					
Emotional stability					

Do you recommend the applicant for admission to graduate study at the Academy?  Yes  No

**Use the back of this form for your comments.**

Name (Print or Type): \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Please return to: Department of Student Services, United States Sports Academy, One Academy Drive, Daphne, AL 36526  
 or Fax to : 251-625-1035

