



The University of South Dakota

SCHOOL OF HEALTH SCIENCES
OCCUPATIONAL THERAPY

**THE UNIVERSITY OF SOUTH DAKOTA
DEPARTMENT OF OCCUPATIONAL THERAPY
APPLICATION FOR ADMISSION
RECOMMENDATION FORM**

Name of Applicant: _____

TO THE APPLICANT:

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to January 1, 1975.

This document, when completed, will be utilized by faculty to evaluate your qualifications for admission into the Occupational Therapy graduate program. It may also be used to assist in the selection of graduate assistants. Before submitting this form to the person who will be writing your recommendations, please check one of the following statements relative to the confidentiality of your files.

I **DO** wish to waive my right to see this document. _____

I **DO NOT** wish to waive my right to see this document. _____

Signature of Applicant: _____ Date _____

TO THE PERSON MAKING THIS RECOMMENDATION:

The above named applicant has given your name as a reference. We would appreciate your cooperation in providing the following information regarding the applicant's qualifications. This form should be sent directly to the student in a sealed envelope, with your signature across the back. The applicant will include the recommendation with the completed application.

1. Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned.

CHARACTERISTICS	HIGH	AVERAGE	LOW	CANNOT JUDGE
General Intelligence				
Knowledge of Field				
Maturity				
Motivation				
Research Potential				

END OF RECOMMENDATION--THIS PAGE DOES NOT NEED TO BE PRINTED OR RETURNED.

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