



HOPE COLLEGE
HOLLAND, MICHIGAN 49423

**ATHLETIC TRAINING PROGRAM
RECOMMENDATION FOR ADMISSION**

PART A. To be completed by the applicant. Please print or type.

APPLICANT'S FULL NAME - LAST NAME FIRST NAME MIDDLE NAME

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby waive my right of access to the information recorded below. **OR** I do not waive my right of access to the information recorded below.

Signature of Applicant

Date

Signature of Applicant

Date

PART B. To be completed by the evaluator.

To the Evaluator: You have been referred to us as one who knows the applicant above. The proper selection of applicants for the athletic training program is important, not only to Hope College, but to the public as well. The athletic training faculty relies on you to act as an extension of our admissions committee. In order to be fair to all applicants we need as much information as you can provide. Your recommendation will be most useful if you include an evaluation of the applicant's strengths **AND** weaknesses.

When you have completed this recommendation form, please seal it in an envelope, sign your name across the flap, and return it directly to Dr. Kirk Brumels, PhD, ATC, DeVos Fieldhouse, Hope College, Holland, MI 49423.

RECOMMENDER'S NAME - LAST NAME FIRST NAME TITLE/POSITION

STREET

CITY

STATE

ZIP

BUSINESS PHONE

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HOW MANY YEARS AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

OVER

PLEASE COMMENT ON THE APPLICANT'S ACADEMIC STRENGTHS AND WEAKNESSES. SPECIFICALLY, HOW WELL DOES THE APPLICANT WRITE AND SPEAK? HOW LIKELY IS THE APPLICANT TO SUCCEED ACADEMICALLY IN A PROGRAM THAT REQUIRES A SIGNIFICANT AMOUNT OF OUT-OF-CLASSROOM TIME?

HEALTH CARE PROFESSIONS LIKE ATHLETIC TRAINING REQUIRE AN EXTRAORDINARY COMMITMENT TO WORK WITH PEOPLE AND THEIR PROBLEMS. PLEASE COMMENT ON THE APPLICANT'S EMOTIONAL MATURITY, VALUES DEVELOPMENT, PERSEVERANCE, AND OTHER PERSONALITY CHARACTERISTICS THAT WILL HELP US EVALUATE THEIR READINESS FOR THIS PROGRAM.

WHAT EVIDENCE CAN YOU PROVIDE THAT THE APPLICANT HAS CAREFULLY AND THOUGHTFULLY CONSIDERED THE ADVANTAGES AND DISADVANTAGES OF A CAREER IN ATHLETIC TRAINING? HOW SERIOUS IS THE APPLICANT ABOUT ATHLETIC TRAINING?

Signature

Date

Thank you for taking the time and effort to complete this recommendation. After sealing it in an envelope and signing the flap, please mail it directly to:

Kirk Brumels, PhD, ATC
Director, Athletic Training Education Program
Hope College - DeVos Fieldhouse
222 Fairbanks Avenue
Holland, MI 49423