United States Sports Academy
Doctoral Degree Program
Recommendation Form

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

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 the writer of the recommendation.)

<table>
<thead>
<tr>
<th>Please rate the above applicant on the following characteristics:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
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<td>Scholarship</td>
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<td>Intellect</td>
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<td>Initiative</td>
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<td>Perseverance</td>
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<td>Experiment or research skills</td>
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<td>Creativity</td>
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<td>Resourcefulness</td>
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<td>Leadership</td>
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<td>Integrity</td>
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<td>Employment record</td>
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<td>Appearance</td>
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<td>Emotional stability</td>
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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: Student Services, United States Sports Academy, One Academy Drive, Daphne, AL 36526 or Fax to : 251-625-1035
How long and how well have you known this applicant?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
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Additional Comments

________________________________________________________________________________________________________
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*The United States Sports Academy accepts students regardless of race, religion, gender, age, disability or national origin.*