

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: _____

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

