Applicant: Please complete the following and sign.

Check the appropriate box: □ Candidate for D.P.T. □ Candidate for Ph.D./P.T.

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law December 31, 1974,

I, ________________________________, □ do □ do not waives my right of access to inspect and review this and other recommendation forms upon completion.

Applicant signature

Evaluator: Thank you for your evaluation of this applicant. The applicant's file will not be further considered until we receive this form, and we ask that you return it as soon as possible. It is important that you answer each question. If additional space is needed, please use the space for additional comments on the reverse side or attach an additional page. Again, thank you for your feedback.

1. Applicant's name (Please print)

2. How long have you known the applicant? ________________________________

3. What is your relationship to the applicant? (Check the category that is most appropriate.)
   □ preprofessional/major adviser
   □ physical therapist
   □ other professor
   □ employer
   □ other

4. Please rate the applicant's abilities in the following areas using the scale below:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>4 = Outstanding; 3 = Above Average; 2 = Average; 1 = Below Average; 0 = Poor; N = No basis for judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgment</td>
<td>common sense, decisiveness, considers alternative solutions, able to accept suggestions</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>nonabrasive, firmness in stating position</td>
</tr>
<tr>
<td>Knowledge of, and Interest in, Physical Therapy</td>
<td>depth of commitment</td>
</tr>
<tr>
<td>Oral Expression</td>
<td>clarity, articulates position well</td>
</tr>
<tr>
<td>Initiative</td>
<td>self-starter, independent, needs little or no supervision</td>
</tr>
<tr>
<td>Mood Stability</td>
<td>performs well under pressure, level-headed, adjusts to situations</td>
</tr>
<tr>
<td>Demeanor</td>
<td>warm, responsive to others' moods, positive</td>
</tr>
<tr>
<td>Industry</td>
<td>perseverance, endurance, works hard</td>
</tr>
<tr>
<td>Reliability</td>
<td>dependability, you can count on him or her</td>
</tr>
<tr>
<td>Leadership</td>
<td>earns respect by example, others turn to him or her for direction, steps in to organize</td>
</tr>
<tr>
<td>Integrity</td>
<td>practices high principles, without evoking moral antagonism, morally consistent</td>
</tr>
<tr>
<td>Self-understanding</td>
<td>knows own strengths, knows and works on weaknesses</td>
</tr>
<tr>
<td>Openness</td>
<td>shares his or her feelings, seeks advice of others</td>
</tr>
<tr>
<td>Personal Appearance</td>
<td>appropriate for whatever occasion arises, neatness</td>
</tr>
<tr>
<td>Inquisitiveness</td>
<td>eager to learn, curious</td>
</tr>
<tr>
<td>Cooperation</td>
<td>ability to work with others</td>
</tr>
<tr>
<td>Written Communication</td>
<td>clear, concise</td>
</tr>
</tbody>
</table>
5. If you wish, please use this space to explain any of your ratings in Question 4, or to comment on other aspects of the applicant's character and personality.

________________________________________________________

________________________________________________________

________________________________________________________

6. In daily interactions with others, the applicant tends to be:
   □ strongly introverted  □ mildly introverted  □ mildly extroverted  □ strongly extroverted

7. What do you feel are the applicant's major strengths that make or will make him or her an effective physical therapist?

________________________________________________________

________________________________________________________

________________________________________________________

8. What do you feel are the applicant's weaknesses?

________________________________________________________

________________________________________________________

________________________________________________________

9. If you were a member of the admissions committee, how would you rate this candidate?
   □ I would highly recommend this applicant.
   □ I would recommend this applicant.
   □ I would recommend this applicant, but with some reservation.
   □ I would not be able to recommend this applicant.

10. Additional comments.

________________________________________________________

________________________________________________________

________________________________________________________

Name ________________________________

Address ________________________________
   Number __________________ Street __________________
   City __________________ State _______ ZIP __________

Telephone ________________________________ (9:00 a.m.–5:00 p.m. ET for confirmation purposes)

Email address ________________________________

Signed ________________________________

Date __________________

Please return form to:

Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: Physical Therapy Admissions
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905