BALL STATE UNIVERSITY
Exercise Science Program

CONFIDENTIAL RECOMMENDATION

Applicant:_____

Semester/Year applying: Fall _____ Spring _____ Sum _____

TO THE APPLICANT: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities and promise.

We invite you, therefore, but do not require you, to sign the following waiver (1): you may however, expressly decline to do so (2).

__ 1. I expressly waive any rights I might have to access the letter of recommendation under the Family Educational Rights and Privacy Act of 1974 or any other law, regulation or policy.

Signature:_____ **Date:** _____

Name(print):_____

__ 2. I do not agree to the waiver above.

Signature:_____ **Date:** _____

Name(print):_____

TO THE RECOMMENDER: Please use this form in completing your recommendation. Before you agree to submit a recommendation on this form, review the reference to the Federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the Applicant".

This recommendation is submitted to possible internship sites for the applicant.

Please return the recommendation to the student in a sealed signed envelope. He/she will submit the recommendation in the original sealed envelope. If you would rather send the recommendation through mail, please send to: Ball State University, SPESES, Attn: Tonya Skalon, HP 217, Muncie, IN 47306.

Thank you,
Ball State Exercise Science Faculty

Recommender's Name: _____

(Please Print)

Position or Title:_____ **at** _____

Address: _____

_____

_____

_____

How long have you known this applicant? _____

In what relationship? _____

In considering this applicant for an internship in a professional atmosphere anywhere throughout the United States, please evaluate the applicant.

	Superior	Good	Average	Poor	Unable
Academic Knowledge					
Ability to work with others					
Oral Communication					
Written Communication					
Professional Attitude					
Intellectual Potential					
Leadership Potential					
Dependability/ Promptness					
Attitude/ Enthusiasm					
Judgement/ Common Sense					

Feel free to type a narrative providing additional comments on the applicant.

Signature: _____ **Date:** _____