

Applicant Evaluation Form

Master of Athletic Training Program The University of Findlay

(Please PRINT in Ink or Type)

Applicant's Name: _____
(Last) (First) (Middle)

I, _____, hereby waive ___ do not waive ___ my right of
(Signature of MAT Program Applicant)

access to this evaluation form. Date: ____/____/____

Evaluator

How long have you known the applicant? _____ How long ago (if applicable)? _____

In what capacity? _____

IMPORTANT: You have been referred to us as one who knows the applicant above. The proper selection of applicants for the Master of Athletic Training (MAT) Program is important, not only at the University of Findlay (UF), but also for the future patients of this applicant. The athletic training faculty and staff rely on you to act as an extension of our MAT Program Selection 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. Please realize that NO applicant is perfect.

INSTRUCTIONS: Please evaluate the applicant by placing a check after each characteristic in the column that MOST nearly represents your opinion or observation. Compare this applicant with a representative group of students *qualified for graduate study and medical professions* whom you have known and who have had approximately the same amount of experience and training as this applicant. If you lack knowledge to make a definite rating, please give your Estimate of the applicant's ability and place an "E" next to your checking or check "Not Observed." Continue on the back of this page. You may include a letter in addition to this form, but please complete this form as fully as possible.

Characteristic	Poor	Average	Above Average	Superior	Not Observed
Ability to master academic work (especially sciences)					
Ability to communicate (orally, writing, non-verbal)					
Reliability and loyalty					
Motivation					
Initiative (willing to take on tasks by him/herself)					
Leadership					
Creative or innovative talent					
Ability to work with others					
Acceptance of responsibilities					
Time management					
Knowledge or skills in Athletic Training (NOT athletics)					

Athletic Training is a medical profession that requires a great deal of knowledge in sciences (i.e., biology, human anatomy and physiology, physics, chemistry) and time commitment in clinical education. Please comment on the applicant's academic strengths and weaknesses. How likely is the applicant to succeed academically in a program that requires a significant amount of out-of-classroom time (a minimum of 13-20 hours/week) in a variety of clinical education settings?

Health care professionals like Certified Athletic Trainers characteristically have extraordinary commitment to working with people and their problems (physical or emotional). Please comment on the applicant's emotional maturity, values, perseverance, and other personality characteristics.

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 and/or other medical professions?

In the space below or by attachment, please add any comments that will assist in our making a judgement for this applicant.

I completed this evaluation form personally.

Signature: _____ Date: ____/____/____
Print Name: _____ Phone: (____)____-____
Position and/or Title: _____
Address: _____

Please do **NOT** return this form to applicant. Mail the completed ORIGINAL Applicant Evaluation form to Graduate and Professional Studies Office:

Office of Graduate and Professional Studies (MAT)
The University of Findlay
1000 N. Main Street
Findlay, OH 45840

For Questions, please contact:
Dr. Sue Stevens
Phone: 419-434-5442
Email: stevenss@findlay.edu

DEADLINE: December 1 (Early Admission), February 1 (Regular Admission)