

**Character Reference Form**

**To be completed by applicant:**

(Please print or type)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Email address

**I waive the right to review this recommendation.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Applicants to the LMU Doctor of Physical Therapy Program specified above are required to have references attesting to their character and skills submitted by persons who are in a position to evaluate their qualifications. The reference is asked to make a frank appraisal of the applicant's character, personality, abilities, and suitability for the program. **All comments and information provided will be kept in strictest confidence.**

**1. Knowledge of the Applicant**

I have known the applicant for approximately \_\_\_\_\_ (years/months). My relationship to the applicant was/is in the following capacity:

- Academic advisor     Coach     Employer     Professor/Teacher     Other: \_\_\_\_\_

I know him/her/them:     Very well     Fairly well     Only casually

**2. Relative Rating of the Applicant:** Please rate the applicant in the areas indicated below by comparing him/her/them to the reference group you specify (college juniors/seniors, employees, athletes, etc.)

	Excellent	Good	Fair	Poor	No Basis for Judgment
Academic ability/Quality of work					
Written communication skills					
Oral communication skills					
Industriousness and perseverance					
Initiative, motivation, and enthusiasm					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers/cooperativeness					
Ability to manage own stress					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Professionalism					
Integrity					

3. Does the applicant possess any special assets which should be noted?

4. Does the applicant demonstrate any weaknesses which you feel would hinder their ability to perform effectively in a Doctor of Physical Therapy program?

\*\*If you wish to submit a letter of recommendation on your own letterhead, please attach to this form.

6. Recommendation concerning admission (check one):

- I **highly recommend** this applicant.
- I **recommend** this applicant.
- I recommend this applicant, **but with reservations**.
- I am **not able to recommend** this applicant.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – typed or printed

\_\_\_\_\_  
Title and affiliation

\_\_\_\_\_  
Street address or P.O. Box

\_\_\_\_\_  
City

State

Zip

Please return this Character Reference form along with a formal letter of recommendation (optional) via mail to the following address:

**Lincoln Memorial University  
Doctor of Physical Therapy Program  
DeBusk College of Osteopathic Medicine  
9737 Cogdill Road  
Knoxville, TN 37932**

And/or via **email** to: [DPTKnoxville@LMU.net](mailto:DPTKnoxville@LMU.net)