

DEPARTMENT OF APPLIED PHYSIOLOGY AND KINESIOLOGY
LETTER OF RECOMMENDATION - INTERNSHIP

To the Applicant: This form should be given to a professor (or a supervisor) under whom you have studied (or taught or worked) who is able to comment on your qualifications for internship in the Department of Applied Physiology and Kinesiology.

Name: _____ UF ID#: _____ Specialization: _____

Address: _____

Name of person who will complete this form: _____

(Title)

(Institution)

PLEASE MAIL DIRECTLY TO DEPARTMENT OF APPLIED PHYSIOLOGY AND
KINESIOLOGY
UNIVERSITY OF FLORIDA, 100 FLG, GAINESVILLE, FL 32611

I. To the sponsor: Please rate the applicant with others of the same age and academic level: It is important to the candidate that you give a percentage rating here as well as a verbal evaluation below.

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper %	Not able to judge
Competence in his/her Chosen Field						
Motivation plus Diligence						
Native Intellectual Ability						
Potential as a Professional						
Emotional Maturity						

II. Please use the rest of this form to transmit to us your evaluation of the applicant's suitability as an intern. How long have you known the applicant? In what capacity? (If needed, attach additional page.)

*If not able to respond, please explain why. _____

(Signature of sponsor)

(Date)

The Department of Applied Physiology and Kinesiology does not discriminate on the basis of age, race, color, national or ethnic origin, handicap, or sex in any aspects of its operations.