PTA APPLICANT RECOMMENDATION FORM

Student Name: ___________________________________________________

The above student has submitted an application to the Lanier Technical College Physical Therapist Assistant Program. Please assist us in our admission process by completing the following form.

Please check one of the following:

____ Based on my knowledge of this applicant, I recommend him/her as a candidate for admission to the PTA Program.

____ Based on my knowledge of this applicant, I highly recommend him/her as an outstanding candidate for admission to the PTA Program.

Evaluator’s Name: (print) _______________________________________

Evaluator’s Name: (signature) ___________________________________

Clinic/Business Name, if applicable: __________________________________________

Address: ___________________________________________________________________________________

Phone Number: __________________________________________
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Student Name: ________________________________________________________________

Please share why you think this applicant should be admitted to the Program.

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How long have you known this applicant? ________________________________________________

In what capacity do you know this applicant? _____________________________________________

****Please place this form in a sealed envelope, sign across the seal and return to applicant.

Applicant must include in his/her application packet. Any envelope or letter with evidence of tampering will not be accepted.