

**United States Sports Academy**  
**Doctoral Degree Program**  
**Recommendation Form**

This form is provided for use in lieu of a letter of recommendation. Three completed recommendation forms are required for academic admission. The applicant is to complete Section I and forward copies to those references for completion.

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**Section I** (Please Print or Type)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street or Box No. City State Zip or Postal Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Institution Granting Undergraduate Degree: \_\_\_\_\_

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**Section II** (This is to be completed by the writer of the recommendation.)

Please rate the above applicant on the following characteristics:	Excellent	Good	Fair	Poor	N/A
Scholarship					
Intellect					
Initiative					
Perseverance					
Experiment or research skills					
Creativity					
Resourcefulness					
Leadership					
Integrity					
Employment record					
Appearance					
Emotional stability					

Do you recommend the applicant for admission to graduate study at the Academy?  Yes  No

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**Use the back of this form for your comments.**

Name (Print or Type) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please return to: Student Services, United States Sports Academy, One Academy Drive, Daphne, AL 36526  
or Fax to : 251-625-1035

