

TO THE APPLICANT: Complete this section (this box) of the form and give it to the person you are requesting to complete the letter of recommendation. Please keep copies for your own record as forms will not be returned after submission.

I, ______, am requesting that you write a letter of recommendation and send it to the address indicated. I have indicated below whether or not the form will remain confidential (applicant to sign only *one* option below).

□ I <u>DO</u> waive my right to inspect the contents of the following recommendation and understand that its contents will be kept confidential.

Applicant's Signature	Date
	- OR
☐ I <u>DO NOT</u> waive my right to inspect the submission to Western Technical Colleg	e contents of the following recommendation after ge.

TO THE RECOMMENDER: The above prospective student is applying to the Physical Therapist Assistant Program at Western Technical College. This person has requested that you compose a letter of recommendation on their behalf. In your letter, it would assist us if you commented on the following areas:

- Your relationship with the applicant and how long you have know this person
- Ability to work as a team player and/or interaction with co-workers / colleagues
- ° His/her commitment to learning and/or projects

Mail this form and your letter of recommendation directly to:

- ° His/her judgment and problem solving skills
- ° Punctuality
- ° Flexibility
- ° Interpersonal skills

Attn: Program Director Physical Therapist Assistant Program Western Technical College 9451 Diana Drive El Paso, TX, 79924

These materials are time-sensitive and it is the responsibility of the prospective student to inform you of the due date for their submission. If you have any questions or need additional information regarding the admission process, please feel free to contact me. Thank you for your support of our applicants.

Sincerely, PTA Program Director rflores@westerntech.edu, 915-231-4936

Revised 11/16 lh