

**Northwestern Undergraduate Pre-Physical Therapy Scholars Program (NUPPT-SP)  
Doctor of Physical Therapy (DPT) Recommendation Form**

**Recommender Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Department: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of the Applicant: \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_  
 How well do you know the applicant? \_\_\_\_\_  
 Please list all courses in which you taught the applicant: \_\_\_\_\_

**Please rate the applicant for the following:**

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Observed
<b>Commitment to Learning</b>						
<b>Interpersonal Skills</b>						
<b>Communication Skills</b>						
<b>Effective Use of Time</b>						
<b>Use of Constructive Feedback</b>						
<b>Ethical/Professional Behavior</b>						
<b>Responsibility</b>						
<b>Critical Thinking</b>						
<b>Stress Management</b>						
<b>Problem Solving</b>						
<b>Leadership</b>						

**Taking these characteristics into consideration, please check the recommendation below indicating how you believe this applicant would perform as a health care provider.**

- I highly recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider, but with some reservations.
- I am not able to recommend this applicant as a health care provider.

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***Please send this recommendation form and an optional letter of recommendation in support of the applicant no later than April 1 to:***

Office of Admissions  
 Department of Physical Therapy and Human Movement Sciences  
 Northwestern University, Feinberg School of Medicine  
 645 N. Michigan Ave, Suite # 1100  
 Chicago, IL 60611