



**Department of Kinesiology  
Graduate Program**

**Recommendation for Graduate Teaching Assistantship or Research Assistantship**

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Part A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

The Family Educational Rights and Privacy Act of 1974 provides students the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

I WAIVE MY LEGAL RIGHT TO INSPECT THIS LETTER OF RECOMMENDATION.

\_\_\_\_\_  
Signature of Applicant Date

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Part B: TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

The person named above has applied for a Graduate Teaching or Research Assistantship in the Kinesiology Department at Cal Poly, San Luis Obispo. We would appreciate your candid evaluation of the applicant's ability to serve in such a capacity as well as his/her potential as a graduate student. If additional space is needed, please feel free to use a separate page. We thank you for your cooperation.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

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	Exceptional Top 10%	Very Good Next 20%	Average Next 20%	Below Average Lower 50%	Unable to Rate
Knowledge of the Field					
Academic Performance					
Initiative/Resourcefulness					
Organizational Skills					
Oral Communication Skills					
Written Communication Skills					
Interpersonal Skills					
Work Ethic/Dependability					
Ability to take Direction					
Maturity					
Promise as a Graduate Student					

In your opinion for which classes would this applicant be qualified to serve as a Graduate Teaching Assistant.

Class	Yes	No	Unable to Rate
First Aid/CPR Laboratory			
Biomechanics Laboratory			
Exercise Physiology Laboratory			
Adapted Physical Activity Laboratory			
Motor Behavior Laboratory			
Electrocardiography Laboratory			
Echocardiography Laboratory			
Aerobic Fitness Activities			
Aquatic Fitness Activities			
Martial Arts/Combative Activities			
Racquet Sport Activities			
Strength Training Activities			
Team/Individual Sport Activities			

Overall recommendation of the applicant as a Graduate Teaching or Research Assistant:

**Highly Recommend**

**Recommend**

**Recommend with  
Reservation**

**Do not Recommend**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution/Organization

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return in a sealed and signed envelope to:

Jerry DeMers, Ph.D., Chair  
Department of Kinesiology  
1 Grand Avenue  
Cal Poly State University  
San Luis Obispo, CA 93407-0368

(805) 756-2545  
(805) 756-7273 (FAX)