



# Undergraduate Major in Exercise Science Recommendation Form

<b>For the Applicant to Complete:</b>	
Name	Signature
Concentration	<input type="checkbox"/> Health Fitness <input type="checkbox"/> Health Sciences <input type="checkbox"/> Pre-Professional
<input type="checkbox"/> I waive my right to review this recommendation. The recommendation will be submitted to Gardner-Webb University, EXSI, PO Box 7216, Boiling Springs, NC 28017 OR EXSI administrative assistant, College of Health Science, Room 176 or exsi@gardner-webb.edu.	
<input type="checkbox"/> I <b>do not</b> waive my right to review this recommendation.	

<b>For the Recommender to Complete</b> (Form may be sent to: Gardner-Webb University, EXSI, PO Box 7216, Boiling Springs, NC 28017 OR EXSI administrative assistant, College of Health Science, Room 176) OR exsi@gardner-webb.edu.				
How long have you known the applicant?				
In what capacity have you known the applicant?				
<b>Please rate the applicant as compared to peers (in this class or specific environment) in the following categories:</b>				
<i>Exceptional (top 10%)</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unacceptable (bottom 10%)</i>
Maturity/Responsibility	_____			
Commitment to Professional Development in Exercise Science	_____			
Discipline	_____			
Leadership Qualities	_____			
Intellect	_____			
Problem Solving Skills	_____			
Please provide any additional comments that you think are relevant to the consideration of this applicant for the undergraduate major in Exercise Science (attach separate sheet).				