



**MORGAN**  
COMMUNITY COLLEGE

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
LETTER OF RECOMMENDATION**

I, \_\_\_\_\_ (applicant print name) request that you complete this letter of recommendation form that will accompany my application for admission to the Physical Therapist Assistant program at Morgan Community College. In order for this recommendation to remain confidential, I ask that once completed, you scan and email it directly to the PTA Program Director at [Jeffrey.Coon@morgancc.edu](mailto:Jeffrey.Coon@morgancc.edu).

**Please describe your relationship to the applicant:** \_\_\_\_\_

**Please rate the applicant on the following qualities using the following scale:**

**1                      2                      3                      4                      5                      N/A**  
**Poor                      Fair                      Good                      Very Good                      Excellent                      Unable to Judge**

	1	2	3	4	5	N/A
<b>Responsibility</b>						
<b>Punctuality</b>						
<b>Self-Confidence</b>						
<b>Flexibility</b>						
<b>Interpersonal Communication Skills</b>						
<b>Time Management</b>						
<b>Maturity</b>						
<b>Ethics</b>						

**Additional Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Completed letter must be emailed directly to [Jeffrey.Coon@morgancc.edu](mailto:Jeffrey.Coon@morgancc.edu)