

**SHAWNEE STATE UNIVERSITY  
MOT REFERENCE**

**1. To the Applicant**

- a.) Complete the following items and forward the form to a professor or supervisor under whom you have studied or worked. To expedite the process of your graduate application, it is recommended that you provide your reference with a pre-addressed envelope.

Please print:

**Applicant's Name** \_\_\_\_\_

**Applicant's Date of Birth** \_\_\_\_\_ **SSU ID #** \_\_\_\_\_

**b.) Family Privacy Act: Statement on Confidentiality of Recommendation**

I desire that this recommendation be accessible to me after final admission and matriculation under the provisions of the Family Privacy Act.

I desire that this recommendation be considered as **confidential** and hereby waive my right of access to this form following final admission and matriculation.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2. To the Applicant's Reference**

Please provide your assessment of the applicant. Please note how long and in what capacity you have known the applicant. Please evaluate the applicant's aptitude for graduate study, including scholastic achievement and potential for success in a graduate program. Evaluation of the applicant's character, motivation, ethical behavior, and fit for the profession of Occupational Therapy is also desired. For your convenience, you may attach a letter as a second sheet to this form.

*Please print:* Reference's Name \_\_\_\_\_ Title \_\_\_\_\_

Institution or Company \_\_\_\_\_

Address, City, State \_\_\_\_\_

Area Code & Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_