

To the applicant: This form is to be filled out by a professor or supervisor under whom you have studied, taught or worked, and who is able to comment on your qualifications for graduate study. Please fill in the first section of this form online or print neatly in the fields below.

Applicant UFID (if known)	Applicant Last Name	Applicant First Name	Applicant Middle Name
	Pakk	Robert	
Applicant Address			
Veeriku 22, Tartu 50407, Estonia			
Major Department		Degree Goal	
Department of Applied Physiology and Kinesiology		Master's Degree	
Name of Recommender	Title	Institution or Enterprise	
Forrest L. Karr	Director of Athletics and Recreation	University of Alaska, Fairbanks	

If you are admitted to the University of Florida, you have the right, as a student, to review your permanent record, including this recommendation form, on file with the university. Some people prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be more helpful to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the university is affording you the opportunity to waive your right of subsequent access to this recommendation letter form. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

Do you waive your right of subsequent access to this recommendation letter form?

Yes

No

[Signature]

11/20/2008

APPLICANT SIGNATURE

DATE

TO CLEAR ALL ENTRIES ABOVE AND RESET THIS FORM, CLICK HERE.

To the recommender: Please rate the applicant with others of the same age and academic level. It is important to the applicant that you give a percentage rating on the grid below as well as a written evaluation. If you are not able to judge in any category, please explain why.

	LOWER THIRD	MIDDLE THIRD	UPPER THIRD	TOP 10%	UPPER ____%	NOT ABLE TO JUDGE
Competence in his/her chosen field						
Motivation and diligence						
Creativity or research potential						
Intellectual ability and critical thinking						
Potential as a teacher						
Emotional maturity						

Please use the rest of this form for a written evaluation of the applicant's suitability as a graduate student. How long have you known the applicant, and in what capacity? (If desired, attach a letter typed on letterhead.)

RECOMMENDER SIGNATURE

DATE

PLEASE MAIL THIS FORM DIRECTLY TO THE APPLICANT'S MAJOR DEPARTMENT AT THE UNIVERSITY OF FLORIDA (GAINESVILLE FL 32611 USA)