



Green River College Physical Therapy Assistant Program
Job Shadow / Professional Reference / Recommendations

This section to be completed by applicant.

Applicant Name: _____

_____ (applicant initial) I waive my right to view this recommendation form in my file at Green River College.

This section to be completed by person providing referral.

Name and title of person providing reference/recommendation: _____

Organization/setting: _____

Relationship to applicant: _____

Comments below or attach a letter of reference.