



# Recommendation for Admission

- Master of Science in Acupuncture and Oriental Medicine
- Doctoral Degree in Oriental Medicine

\_\_\_\_\_ is applying for admission to South Baylo University and has listed you as a reference. Please complete this form and return it to the college at your earliest convenience. Referring individuals should not be related to the prospective student. Information will be kept confidential. Thank you for your assistance in this important process of admission.

## BACKGROUND ON PERSON RECOMMENDING APPLICANT

NAME \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

## APPLICANT INFORMATION

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS APPLICANT? \_\_\_\_\_

PLEASE DESCRIBE THE APPLICANT'S STRENGTHS AND WEAKNESSES: \_\_\_\_\_

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ARE YOU AWARE OF ANY CONDUCT THAT MAY INDICATE A LACK OF ETHICS? IF SO, PLEASE DESCRIBE:

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DO YOU THINK THE APPLICANT HAS THE CHARACTER TO PRACTICE AS A HEALTH CARE PROFESSIONAL?

YES NO IF NO, PLEASE EXPLAIN: \_\_\_\_\_

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HAS THE APPLICANT, TO YOUR KNOWLEDGE THE EMOTIONAL STABILITY, COMPASSION, DEDICATION, REQUIRED OF A HEALTH CARE PROVIDER?

YES NO IF NO, PLEASE EXPLAIN: \_\_\_\_\_

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