



Recommendation for Admission

- Master of Science in Acupuncture and Oriental Medicine (MSAOM)
- Doctor of Acupuncture and Oriental Medicine (DAOM)

_____ 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:

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

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

YES NO IF NO, PLEASE EXPLAIN:

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

YES NO IF NO, PLEASE EXPLAIN:

PLEASE RANK THIS APPLICANT ON THE FOLLOWING CHARACTERISTICS.

	Outstanding	Good	Average	Below Average	Poor
Maturity					
Intellectual Ability					
Imagination					
Work Habits					
Leadership					
Motivation					
Commitment					
Responsibility					
Communication Skills					

SUMMARY STATEMENT

PLEASE SUMMARIZE YOUR RECOMMENDATION. YOU MAY INCLUDE ANY ADDITIONAL COMMENTS THAT WILL ASSIST US IN THE EVALUATION OF THIS APPLICANT FOR PROFESSIONAL STUDY.

Signature

Date

Note to Referring Individual: Please mail this form to South Baylo University, Office of Admission; 1126 N. Brookhurst St. Anaheim, California 92801. Thank you for your assistance in this important process of admission.