

New York College of Traditional Chinese Medicine

Reference form

Applicant

Name _____
LAST / FAMILY FIRST MIDDLE JR ETC

Home address _____
NUMBER AND STREET / APT. NO.

CITY OR TOWN STATE COUNTRY ZIP CODE

Telephone _____ email _____
AREA CODE/NUMBER

To the Applicant

1. Please fill in the lines above.
2. Give this form to a person who knows you well. The person may be, for instance, a teacher, an employer, a coach, a religious leader or a friend. You may choose whoever you wish except that the evaluator **may not be a family member**.
Under the Family Educational Rights and Privacy Act of 1974, an applicant who is admitted to NYCTCM and who chooses to enroll here may review NYCTCM's records that pertain to him or her alone. If, however, an applicant wishes to obtain confidential recommendations, which will be used for purpose of admission and counselling only, this right of access may be waived. If you wish this recommendation form to remain confidential, please sign below.

"I will not seek access to this confidential recommendation submitted for the purpose of admission and academic counseling only."

Applicant's signature _____ date _____

To the person writing the reference

Name _____
LAST / FAMILY FIRST MIDDLE JR ETC

Home address _____
NUMBER AND STREET / APT. NO.

CITY OR TOWN STATE COUNTRY ZIP CODE

Telephone _____
AREA CODE/NUMBER

How long have you known the applicant? _____ In what capacity? _____

Intellectual ability: Comment on the applicant's academic achievement and ability to manage academic studies.

Creativity: Tell us an example of the applicant's creativity, such as a time he or she shown resourcefulness, has integrated new information easily, or has welcomed new challenges?

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Applicant Name _____

Dependability: Give an example of the applicant’s dependability, his or her ability to complete tasks on time, and his or her ability to work independently?

Social and emotional maturity: Give an example of how the applicant valued different viewpoints, was a good listener or welcomed feedback about his or her performance?

Please comment on any characteristics that may interfere with the applicant’s success in pursuing academic studies at NYCTCM.

Please rate the applicant on the following attributes:

| | Excellent | Good | Average | Below Average |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Desire to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perseverance in working towards goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Productivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sincerity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommendation for acceptance:

- I recommend this applicant
- I recommend with reservations
- I do not recommend this application for acceptance to NYCTCM

Reference signature _____ date _____

Please return to Admission Office * New York College of Traditional Chinese Medicine * 155 First St. * Mineola, NY 11501