

Student Applicant must complete this section

Last Name:	First Name	M.I.	Phone
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Recommendations must be from people who know you well enough to provide EWCNM with either an Academic or Professional reference. (i.e. Supervisors, Professors, etc.)

- I understand that according to the Family Educational Rights and Privacy Act of 1974, I have the right to see this completed form.
- I understand that I cannot be considered for admission to the East West College of Natural Medicine until two (2) references for admission have been received.
- I have communicated with the following reference and he/she has agreed to complete this reference based on his/her knowledge of my abilities.

Applicants Signature: _____ Date: _____

Student's Reference must complete this section

We would appreciate your evaluation of the above listed applicant. He/She is applying for admission to the East West College of Natural Medicine's Masters Degree Program in Acupuncture and Oriental Medicine. EWCNM seeks students that are capable of becoming dedicated, professional and compassionate healthcare practitioners. Your cooperation in helping us select well qualified candidates is greatly appreciated. Please return this completed recommendation form directly to the address below.

How long have you known the Applicant? _____ and in what capacity? _____

My contact with the Applicant was Daily Frequently Infrequently

What are the Applicant's chief assets or limitations? _____

Additional Comments: _____

Please assess the Applicant in the following areas:

	Superior	Satisfactory	Unsatisfactory	Not Known
Initiative/Motivation				
Personal/Ethical Integrity				
Organizational Skills				
Verbal & Written Communication				
Ability to get along with others				
Attendance/Punctuality				
Professionalism				
Demonstrates a willingness to learn				

Printed Name of Reference	Company/Institution Name
Title of Reference	Street Address
Telephone Number	City, State, Zip
Signature of Reference	Date

Return Completed Form to:

Admissions Department
East West College of Natural Medicine
3808 N. Tamiami Trail • Sarasota, FL 34234
Telephone 941-355-9080 • Fax 941-355-3243