ALHAMBRA Medical University
School of Acupuncture and Oriental Medicine

Office of Admission & Registration: 55 South Raymond Ave., Suite 105, Alhambra, CA 91801
Tel: (626) 289 – 9004, Fax: (626) 289 – 8952

Request for Recommendation

Applicant Full Name _____ has applied for admission at Alhambra Medical University and listed you as a reference. Both the applicant and the University will be grateful if you would take the time to complete this form and return it to the University at your earliest convenience. This reference is required as part of the admission process before action can be taken on application. All information will be kept confidential. Thank you for your assistance in the important evaluation process.

REFERENCE INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Place of Employment _____

Your Title _____ Phone _____

E-mail _____

APPLICANT INFORMATION

How well do you know the applicant?

Very well _____ **Better than average** _____

Average _____ **Not very well** _____

How long have you know the applicant? _____**years**

In what capacity have you known the applicant? _____

_____

_____

In your opinion, does the applicant have the character practice as a health care professional?
Yes _____ **No** _____

Do you think the applicant is capable of completing a health science degree program?
Yes _____ **No** _____

Back

In your opinion, does the applicant have the emotional qualities – stability, compassion, dedication – required of a primary health care provider?
Yes _____ No _____

Please briefly explain : _____

_____

_____

_____

How would you rank the applicant in the following characteristics?

	Outstanding	Good	Average	Below average	Low	Unobserved
Intellectual ability						
Imagination						
Responsibility						
Work habits						
Sociability						
Commitment						
Leadership						

Please add any comments which will assist us in the evaluation of this applicant for professional study and clinical training.

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Signature **Date**

Please send your recommendation to:
Alhambra Medical University
Office of Admission
55 S. Raymond Ave., Suite 105
Alhambra, CA 91801

Fax: (626)289-8641
admission@alhambramedu.com

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