



NEW YORK CHIROPRACTIC COLLEGE

CONFIDENTIAL RECOMMENDATION for Admission to the Graduate Programs in Acupuncture and Acupuncture & Oriental Medicine

Referent Instructions

A selection process for admitting applicants to the Master of Science Programs in Acupuncture and Acupuncture & Oriental Medicine at NYCC includes an assessment of recommendations provided to the college by referents selected by the candidate.

The information you provide on this form will be carefully reviewed and given considerable weight as part of our selection process. NYCC is looking for individuals who have the attributes and abilities to contribute to the acupuncture and Oriental medicine profession.

In addition to having the abilities and motivation essential to being successful as a student and a professional, the candidate should also have a deep interest in working in a healthcare profession and be emotionally mature. Therefore, we ask that you provide candid responses to our questions and take time to comment at length upon the applicant's character. The personal

insights you offer are instrumental to NYCC in maintaining a well-rounded student population. Should the Office of Admissions have questions regarding your comments, we may call you for further elaboration.

If the student has waived his/her right to review this report, all answers will be kept in confidence in accordance with the Buckley Amendment concerning the privacy rights of students.

Please complete the reverse side of this form and return to:

New York Chiropractic College

Office of Admissions

2360 State Route 89

Seneca Falls, New York 13148-0800

(315) 568-3040 (315) 568-3087 FAX Web site: www.nycc.edu

Student Information

Applicant's Name:

LAST FIRST MIDDLE

Referent's Name:

LAST FIRST MIDDLE

ADDRESS (P.O. BOX/STREET)

Your Relationship with Referent

Licensed Acupuncturist
Acupuncture College or Program _____

Year of Graduation _____

Health Care Professional Faculty Professor, Instructor

Employer Personal

Recommendations from relatives and family members are not acceptable.

PRIVACY STATEMENT

Under the *Family Education Rights and Privacy Act of 1974*, you have the right to review any information collected as part of your admissions application, including letters of reference. Most individuals you may ask for character references would prefer that their responses be kept confidential. Furthermore, the Admissions Committee at NYCC gives greater weight to confidential responses where the prospective student waives the right to review such letters. Please indicate below if you would like to waive the right.

I waive my right to review any information provided by the referent for evaluation in support of my application to NYCC.

YOUR SIGNATURE

/ /

DATE

Please forward this form to your referent to complete.

Character Reference

Please check the appropriate boxes below:

In what capacity have you been associated with the applicant?

- Instructor Please specify courses: _____
- Physician Student applicant was your _____ patient _____ visitor
- Academic advisor Please specify institution: _____
- Other Please specify: _____

How long have you known the applicant?

- More than a year Six months to a year
- Less than six months New acquaintance

Please rate the applicant relative to the following categories:

	Excellent	Very Good	Good	Fair	Inadequate	Not Observed
Awareness of Oriental Medicine						
Decision-Making Ability						
Initiative						
Integrity						
Intellectual Potential						
Interpersonal Skills						
Maturity						
Oral Communication Skills						
Personal Appearance						
Poise and Self-Control						
Problem-Solving Skills						
Written Communication Skills						

Student Assessments

Please assess the applicant's cognitive and emotional suitability for professional study.

Please provide any other comments which will help assess the probability of success of this applicant in professional study.

How would you assess the applicant's character and motivation?

SIGNATURE

/ /
DATE