



Confidential Recommendation for Admission

REFERENT INSTRUCTIONS

The selection process for admitting applicants to the Doctor of Chiropractic Program 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 Chiropractic Profession.

In addition to having the abilities and motivation essential to being successful as a student and a professional, the candidate should:

- Have a deep interest in working with sick people.
- Be a good student of science.
- 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 Department 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 Fax: (315) 568-3087 e-mail address: enrollnow@nycc.edu

TO BE COMPLETED BY STUDENT

Applicant's Name _____
Last First Middle

Referent's Name _____
Last First Middle

Address _____
P.O.Box/Street

City State Zip

• YOUR RELATIONSHIP WITH REFERENT

- Doctor of Chiropractic
Chiropractic College _____ 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.

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 (specify courses)
 Physician He/she was your
 patient
 visitor
 Academic advisor (specify institution)
 Other (Please specify)

• **How long have you known applicant?**

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

• **How well do you know the applicant?**

- Very well
 Fairly well
 Slightly
 New acquaintance

• **What would be your attitude toward having this person in a position under your direction?**

- I would definitely want the applicant
 I would find the applicant satisfactory
 I would not want the applicant
 Uncertain

Please rate the applicant relative to the following categories:

	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Inadequate</i>	<i>Not Observed</i>
Chiropractic Awareness						
Decision-Making Ability						
Initiative						
Integrity						
Intellectual Potential						
Interpersonal Skills						
Maturity						
Oral Communication Skills						
Personal Appearance						
Poise and Self-Control						
Problem Solving Skills						
Written Comm. Skills						

STUDENT ASSESSMENTS

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

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

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

Signature _____

/_____/_____
Date