

AMERICAN COLLEGE OF TRADITIONAL CHINESE MEDICINE LETTER OF RECOMMENDATION

To the Applicant

Please fill in the information below and give this form and a stamped envelope, addressed to ACTCM, to your reference. Reference forms should be given to two individuals who can comment on your intellectual promise, commitment and character. Forms may be completed by academic or professional references.

Applicant Name

Last

First

MI

Address

Street Address

City

State

Zip

Telephone ()

Email

Right of Access:

Federal Law requires that this reference be available to you should you enroll at ACTCM unless you waive your right of access, in which case the letter will be kept confidential.

I DO wish to waive my right of access to this letter

I DO NOT wish to waive my right of access to this letter

Signature

Date

To the Person Completing this Recommendation

The above named is applying for admission to the American College of Traditional Chinese Medicine's (ACTCM) graduate degree program. ACTCM seeks students who show promise of becoming dedicated, responsible and compassionate healthcare professionals. ACTCM appreciates the candid evaluation of applicants and finds them helpful in the admissions process. We are particularly interested in his/her intellectual promise, commitment and character and would appreciate any specific examples you can give us to support your comments. Please feel free to attach a separate sheet of paper.

Name

Title/Occupation

Institution/Organization

Telephone ()

Address

Street Address

City

State

Zip

How long have you known/taught this applicant? _____ Years _____ Months

Relationship to the applicant? Health Care Professional Professor/Teacher Employer Business Associate Clergy

Other _____

What do you perceive to be the applicant's strengths?

Are you aware of anything that might interfere with the applicant's success studying and working in Traditional Chinese Medicine?

Please rate the applicant on the characteristics listed below:

	Excellent	Above Average	Average	Below Average	Not Observed
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Awareness	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

Signature

Date

Thank you for taking the time to complete this reference. Please mail the completed

form to: **American College of Traditional Chinese Medicine**

c/o Office of Admissions

455 Arkansas Street

San Francisco, CA 94107