

Western Institute of Neuromuscular Therapy

22951 Mill Creek Drive, Suite A, Laguna Hills, CA, 92653 (949)830-6151 FAX (949)830-1729

CONFIDENTIAL RECOMMENDATION FORM

PART 1 To be completed by Applicant

Photocopy this form and complete Part 1, before distribution to three individual who will be making your recommendation. Please type or print neatly.

Name of applicant

Address of applicant

Telephone # of
applicant
()

Applicant's Statement

I understand that this letter of recommendation is to be received and maintained in confidence by the Western Institute of Neuromuscular Therapy. Check One:

I waive my right to examine this letter of recommendation.

I do not waive my right to examine this letter of recommendation.

Applicant's

signature: _____ Date: _____

PART 2 To be completed by individual (non family member) making recommendation

Note: Pursuant to the Family Educational Rights and Privacy Act of 1974, this letter of recommendation may be shown to the applicant if the right to examine it has not been waived.

PLEASE ANSWER THE FOLLOWING QUESTIONS OR WRITE A LETTER OF RECOMMENDATION ON A SEPARATE PIECE OF PAPER IN WHICH YOU ADDRESS THE FOLLOWING AREAS:

How long and in what capacity have you known the applicant?

What is your relationship to the applicant?

Indicate anything you would like us to know about the applicant's likelihood of success of completing an extensive educational program in massage therapy.

How well is the applicant's personality suited to a career in massage therapy?

What do you consider to be the applicant's most outstanding talents or characteristics?

In your opinion, what are the applicant's chief needs for improvement or development? Please be as specific as possible.

Continued on reverse

Please give us any other comments regarding the applicant's suitability for the program to which s/he is applying.

How would you rate the applicant with respect to the following qualities:

	Below Avg.	Average	Good	Outstanding	Exceptional	Inadequate opportunity to observe applicant
Ability to work with others						
Adaptability						
Appearance						
Communication skills						
Cooperation with authority						
Demonstrates caring						
Dependability						
Emotional Stability						
Enthusiasm						
Initiative						
Integrity/Ethics						
Intellectual Capacity						
Leadership						
Maturity						
Perseverance						
Willingness to accept personal responsibility						

Do you feel that this education program is appropriate for the applicant at this time?

I recommend

I recommend with reservation

I do not recommend

Signature of Individual Making Recommendation:

Print name of Individual Making Recommendation:

Address:

Phone Number

Please mail completed form or letter of recommendation to:

Director of Admissions
Western Institute of Neuromuscular Therapy

22951 Mill Creek Drive, Suite A
Laguna Hills, California 92653

Thank you for taking your time on behalf of the applicant!

**USE THIS FORM ONLY IF YOU HAVE PRIOR TRAINING AND ARE APPLYING FOR
ADVANCED PLACEMENT INTO THE PROGRAM.**