

Applicant Recommendation Form for the American Medical College of Homeopathy

Please mail/fax this form when completed to:
American Medical College of Homeopathy
Registrar
2001 W. Camelback, Suite 150, Phoenix, Arizona 85015
Fax: 602-864-2949

Applicant:

Please complete this portion of the form before submitting to the evaluator:

_____ I waive my right to view the contents of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.

_____ I do not waive my right to view the contents of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.

Printed Applicant Name

Applicant Signature

Date

Evaluator:

Please complete this portion.

Evaluator's Name: _____

Institution/Company: _____

Position: _____

Address: _____

Phone number/Email:

What is your relationship to the applicant?

How well do you know the applicant?

How long have you known the applicant?

In comparison with other students and professionals you have known, how would you rate the applicant in terms of:

<u>Characteristic</u>	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Observed</u>
Ability to work independently						
Capacity to handle stress						
Clear interpersonal boundaries						
Conceptual ability						
Conscientiousness						
Creative innovating thinking						
Dependability						
Empathy						
Integrity						
Intellectual ability						
Maturity of judgment						
Open Mindedness						
Productivity						
Receptivity to criticism						
Speaking skills						

Please comment on any of these categories that you think would be helpful in assessing the applicant's qualifications for the program.

Do you have any information related to the applicant's personal characteristics that should be considered by the Admissions Committee in assessing the student's capacity to succeed in graduate study and professional work?

Overall Recommendation:

_____recommend most highly ___strongly recommend ___recommend
 _____recommend with some reservations ___do not recommend

 Evaluator's signature:

 Date: