



## Stanton University School of Oriental Medicine Reference Form

### Applicant's Information

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_

Check the name of the graduate program to which you are applying:

- Master of Science in Oriental Medicine Program
- Doctor of Oriental Medicine Program

### Recommender's Information

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Applicant's Waiver of Right to Access

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes of admission and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The university does not require that you make such a waiver as a condition for admission. However, under the legislation you have the option of signing such a waiver as follows:

**I hereby waive my right to access to this recommendation which has been written on behalf of my application to the School of Oriental Medicine, Stanton University. This waiver is effective insofar as the recommendation is used solely for the purpose of admission.**

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Stanton University School of Oriental Medicine Reference Form (Cont'd)

### To the Recommender:

1. What is your relationship with the applicant? \_\_\_\_\_

2. How long have you known this applicant? \_\_\_\_\_

3. Do you think the applicant has the character and ability to develop her/his career as a health care professional?

Yes  No If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please describe the applicant's strengths and weaknesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are you aware of any conduct that may indicate a lack of ethics? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Has the applicant, to your knowledge the emotional stability, compassion, dedication, required of a health care provider?

Yes  No If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please evaluate this applicant on the following characteristics.

	Outstanding (Top 5 %)	Very Good (Highest 10%)	Good (Upper 20%)	Average (Upper 50%)	Below Average (Lower 50%)	Not Known
Intellectual Ability						
Maturity						
Ethics/Personal integrity						
Commitment						
Responsibility						
Communication Skills						

Recommender's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form to** Stanton University, Office of Admission and Records  
9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844