

Holistic Health Studies Degree and Certificate Recommendation Form

Applicant's Name _____

This is a confidential recommendation. **Original** documents must be sent directly to the Office of Graduate Admission. If the applicant has requested to view this recommendation, and you have agreed to grant her/his request, please send a **copy** of your recommendation to the applicant.

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1. I have known the applicant as ___ a student ___ a colleague ___ an employee ___ other _____
2. I have known the applicant for a period of ___years ___months in my position as: _____
3. Please rate the applicant on the items listed below. Place a check mark at the appropriate rating.

	Strong	Moderate	Limited	Unable to Judge
Motivation for graduate work	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Ability to collaborate	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Promise as a researcher	_____	_____	_____	_____
Cultural awareness	_____	_____	_____	_____

4. In my opinion, her/his chance of succeeding in a graduate program is:

<u>Less than average</u>	<u>Average</u>	<u>Excellent</u>
1 2 3	4 5 6	7 8 9

5. In my opinion, her/his chance of succeeding professionally in a field related to holistic health is:

<u>Less than average</u>	<u>Average</u>	<u>Excellent</u>
1 2 3	4 5 6	7 8 9

