

# Master of Arts in Holistic Health Studies Recommendation Form

Applicant's Name \_\_\_\_\_

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



1. I have known the applicant as \_\_\_an undergraduate student \_\_\_an associate \_\_\_an employee \_\_\_other \_\_\_\_\_
2. I have known the applicant for a period of \_\_\_years \_\_\_months in my position as: \_\_\_\_\_
3. Please give your appraisal of the applicant on the items listed below of which you have personal knowledge. Place a check mark at the appropriate rating.

	<b>Strong</b>	<b>Moderate</b>	<b>Limited</b>	<b>Unable to Judge</b>
Motivation for graduate work	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Oral expression	_____	_____	_____	_____
Written expression	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Ability to function collaboratively	_____	_____	_____	_____
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

