

**Letter of Recommendation - To be submitted with formal letter**

**This part to be completed by Applicant**

1. Applicant must complete the top portion of this form. Be sure to inform your recommenders of the application deadline for the college.
2. You may waive your right under the Family Education Rights and Privacy Act of 1974 to review letters of recommendation. This action is optional. If you wish to waive your right, please sign the following statement: "I waive my right to review recommendations and evaluations in support of my application."

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
 Last First Middle Initial Entrance Term/Yr (ie Sp/2009)

Applicant's Address: \_\_\_\_\_  
 Street City State Zip/Postal Code

Applicant's Phone/Email: \_\_\_\_\_  
 Phone Email

**This part to be completed by Reference**

1. The person named above is applying for admission to naturopathic medical school. We would appreciate your personal impressions of the applicant's character, the quality of previous work, and the promise of productive scholarship. If applicable, please include any known obstacles the applicant may have had to overcome to attain his/her education/professional or other goals (e.g., economic, social, cultural, educational or other disadvantages). In preparing your letter, you should be aware that your recommendation will be carefully reviewed and given considerable weight in the admissions process. We ask, therefore, that you be open and candid in your **attached letter**.
2. Mail this completed form and the letter to: **Attention Admission Representative**, Southwest College Admissions Office, 2140 E. Broadway, Tempe, Arizona 85282 or return to applicant in a sealed envelope which bears your signature on the seal.

Reference's Name \_\_\_\_\_  
 (Please print)

Address/ Name of School \_\_\_\_\_

Position /Title OR Relationship to Applicant *\*Recommendations from family or personal friends are not accepted.* Telephone \_\_\_\_\_

If Reference is an ND, are you an SCNM Alumnus?  Yes  No

E-mail Address \_\_\_\_\_

3. In what capacity do you know the applicant  Academic \_\_\_\_\_  Occupational \_\_\_\_\_  Health \_\_\_\_\_  
 (Professor, instructor, cont. ed.) (Supervisor, co-worker) (physician, peer)

4. Please rate this applicant in overall promise (check only one)  
 Below Average  Average  Somewhat Above Average  Truly Exceptional  Inadequate opportunity to observe

**Please use the below chart to rate the applicant:**

Characteristic	Excellent	Very Good	Good	Fair	*Needs Development	Not observed
Problem Solving Skills						
Organizational Skills						
Time Management Skills						
Self Discipline						
Study Habits						
Business Management Skills						
Oral Communication Skills						
Written Communication Skills						
Interpersonal Skills						
Maturity						

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this completed form with a formal letter of recommendation.**