

CENTER FOR NATURAL WELLNESS

SCHOOL OF MASSAGE THERAPY

Letters of Reference - Please submit three (3) letters of reference regarding your moral character and ability to pursue a career in massage therapy. Please use the Recommendation Forms on the following pages. References must be from persons who are not related to you and have known you for at least one year. Please include one personal recommendation and the remaining two from the following: employers, teachers, health care professionals or clergy. List the people from whom you are obtaining the recommendations below:

1. Name _____ Known how long? _____
Phone (____) ____ - ____ - ____ Occupation: _____
Address: _____
Street, City, State, Zip

2. Name _____ Known how long? _____
Phone (____) ____ - ____ - ____ Occupation: _____
Address: _____
Street, City, State, Zip

3. Name _____ Known how long? _____
Phone (____) ____ - ____ - ____ Occupation: _____
Address: _____
Street, City, State, Zip

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RECOMMENDATION FORM

Applicant: Please complete the information requested below. Please give these forms to the people you have listed on your Application. The person writing the recommendation must return recommendation forms to the Admissions Office.

*Applicant Name: (Please Print) _____

*The Family Education Rights and Privacy Act (USA) permits us to request, but not require, that you waive your right to inspect this evaluation. If you elect to waive your rights of access and review, please sign your name below.

Signature _____ Date _____

To the Person Writing the Recommendation - Thank you...

Thank you for taking the time to complete this form. There are challenges, both personal and academic, that face students during this program. We look for candidates who can successfully meet these challenges both in school and as a professional. Please assess the applicant's qualifications and answer the following questions candidly. The student's application is not considered complete until this recommendation form is received. Please mail completed form to:

CNW School of Massage Therapy • Admissions Office • 3 Cerone Commercial Drive • Albany, New York 12205

***Please note: If the applicant's signature does not appear above, the applicant has the right to review your evaluation under the Family Education Rights and Privacy Act.*

Your Name: _____ Occupation: _____

Address: _____

Telephone: (____) _____ - _____ How long have you known the applicant? _____ Relationship to applicant: _____

What do you perceive to be the applicant's strengths, quality of intention and character with regard to pursuing a career in the healing arts?

Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist/healing arts practitioner?

Please rate the applicant on the following:

	Excellent	Good	Average	Below Average	Unable to Assess
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance in working toward personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-
- I recommend this applicant for acceptance
 - I recommend this applicant with reservations
 - I do not recommend this applicant

Additional Comments:

Please attach an additional page if you need more space for comments.

Signature: _____

Date: _____