# Letter of Recommendation

## Student Information

**PLEASE PRINT**

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Applicant's Name (Last, First, Middle)

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**TO THE EVALUATOR:**

Please complete this recommendation form, seal the envelope, sign across the flap, and mail the letter directly to the appropriate campus.

How long have you known the applicant?_________________________

What has been your relationship to the applicant? (Check all that apply)

- Undergraduate instructor
- Academic advisor
- Graduate instructor
- Supervisor
- Co-worker
- Employer
- Other (please specify)__________________________________________________________________

Please describe the applicant's performance, in relation to others you have known at a comparable stage by checking the appropriate space opposite each characteristic.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>POOR</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>EXCELLENT</th>
<th>NO BASIS FOR JUDGMENT</th>
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<tbody>
<tr>
<td>Academic knowledge in chosen field</td>
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<td>Technical knowledge and skills in chosen field</td>
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<td>Ability to develop and implement new ideas and techniques</td>
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<td>Interpersonal skills and ability to work with others</td>
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<td>Ability to express self in writing</td>
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<td>Ability to express self in speaking</td>
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<td>Ability to accept and give criticism</td>
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<td>Perseverance/personal motivation</td>
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<td>Leadership ability</td>
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<td>Maturity</td>
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<td>Self confidence</td>
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<td>Integrity</td>
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<td>Responsibility</td>
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</table>

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Five Branches University
Graduate School of Traditional Chinese Medicine
Other Information

We would appreciate any other information that might assist us in evaluating the applicant's qualifications. Please type your comments here or if you prefer use a separate signed sheet, please staple it to this page and include the applicant's full name.

Summary

In summary, please choose one of the following:

☐ I highly recommend the applicant
☐ I recommend the applicant
☐ I recommend the applicant with reservations
☐ I do not recommend the applicant

PLEASE TYPE OR PRINT

Name

Title (if applicable)

Address

City State Zip

Phone Day or Message Phone

Email Address

Signature Date

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200 Seventh Avenue, Santa Cruz, CA 95062 USA
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