



# TEXAS CHIROPRACTIC COLLEGE

## Confidential Recommendation For D.C. Applicant

5912 Spencer Highway  
Pasadena, TX 77505-1699  
1-800-468-6839 or 281-487-1170  
www.txchiro.edu  
admissions@txchiro.edu

### Referent Instructions

 Applicant Name: First \_\_\_\_\_ Last \_\_\_\_\_

An applicant for admission to Texas Chiropractic College has provided us with your name and address as a reference. Your candid assessment of the applicant is requested. This report will not be available for review by the applicant in accordance with federal law. If you have any questions you may reach the Admissions Office at 281.487.1170 locally or 800.468.6839 toll free.

The selection process for admitting applicants to the Doctor of Chiropractic Program at TCC includes an assessment of recommendations provided to the college by referents selected by the candidate. The information you provide on this form will be carefully reviewed and given considerable weight as part of our selection process. TCC is looking for individuals who have the attributes and abilities to contribute to the chiropractic profession. In addition to having the abilities and motivation essential to being successful as a student and a professional, the candidate should: Have a deep interest in helping people; be a strong student of science; be emotionally mature. Therefore, we ask that you provide candid responses to our questions and take time to comment at length on the applicant's character.

*A prompt reply is important, since the applicant's file is incomplete without this report. Please mail the recommendation directly to Texas Chiropractic College.*

### Please check the appropriate boxes below:

■ In what capacity have you been associated with the applicant?

- Instructor (*specify courses*) \_\_\_\_\_
- Physician. Applicant was your  Patient  Visitor
- Academic Advisor (*specify institution*) \_\_\_\_\_
- Other (*please specify*) \_\_\_\_\_

■ How long have you known the applicant?

- More than a year  Six months to a year  Less than six months  New acquaintance

■ How well do you know the applicant?

- Very well  Fairly well  Slightly  New acquaintance

■ What would be your attitude toward having this person in a position under your direction?

- I would definitely want the applicant  I would find the applicant satisfactory
- I would not want the applicant  Uncertain

### Please rate the applicant relative to the following categories:

	Excellent	Very Good	Good	Fair	Inadequate	Not Observed
Chiropractic Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise and Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## *Comments*

Please use the space below to write comments to assist the Admissions Committee in fairly evaluating this candidate for admission to Texas Chiropractic College. We are interested in your impression of the applicant's suitability for a career in chiropractic, as well as any other helpful remarks you may have to offer.

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## *Referent Information*

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_