

Letter of Recommendation

STUDENT'S NAME:

Last: _____ First: _____ Middle: _____

Type of reference: ☐ Doctor of Chiropractic ☐ University or College Faculty

Indicate Campus: ☐ Davenport Campus – Davenport, Iowa
☐ West Campus – San Jose, California
☐ Florida Campus – Port Orange, Florida

APPLICANT:

You may waive your right (under the Family Education Rights and Privacy Act of 1974) to review letters of recommendation. Such action is optional.

I waive my right to review recommendations and evaluations in support of my application.

Signature: _____ Date: _____

REFERENT:

In order for the letter of recommendation to be official, the letter should be written on letterhead. When preparing this letter, you should be aware that your recommendation will be carefully reviewed and given considerable weight as part of the admissions process. Therefore, we ask that you be open and candid in your responses, and take the time to comment at length upon the applicant's character. These personal insights are key to Palmer College achieving a combination of excellent people as well as excellent student chiropractors. Should the Admissions Department have questions regarding your recommendation, we may call you for further elaboration.

- > Please outline the qualities you feel the candidate possesses that will enable him/her to be successful in both the academic and professional settings.
- > For how long and how well have you known the candidate?
- > For chiropractor only: Briefly describe why you believe this person would be an asset to the chiropractic profession.

Referent's name: _____

Position: _____ Course Title: _____

Referent's Signature: _____ Date: _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Please return this form along with letter of reference to:

Palmer College of Chiropractic
Attention: Office of College Enrollment
1000 Brady Street
Davenport, Iowa 52803
Phone: (800) 722-3648 or (563) 884-5656
Fax: (563) 884-5414