

Letter of Recommendation

To the applicant:

After completing sections 1 & 2 at right, give this form to the writer of the recommendation to complete section 3. Recommendations must be from people who know you well enough to provide NESAs with either a professional or academic recommendation (e.g. professors, supervisors, etc.).

TO BE COMPLETED BY STUDENT APPLICANT:

Section 1: Information on Applicant and Writer of Recommendation

Applicant's information:

Applying for admission	FIRST NAME	LAST NAME	MAIDEN OR PREVIOUS NAME	
fall of:	STREET ADDRESS		APT/SUITE NUMBER	
YEAR	CITY	STATE	ZIP	
/ /	()			
DATE OF BIRTH	TELEPHONE	EMAIL ADDRESS		

Writer's information:

FIRST NAME	LAST NAME
STREET ADDRESS	
APT/SUITE NUMBER	
()	
CITY	STATE
ZIP	TELEPHONE

Section 2: Right of Access

Federal law requires that this reference be available to you should you enroll at NESAs unless you waive your right of access, in which case the letter will be kept confidential. Please sign and date this form in one of the two places below.

☐ I DO wish to waive my right of access to this letter: _____
APPLICANT'S SIGNATURE DATE

☐ I DO NOT wish to waive my right of access to this letter: _____
APPLICANT'S SIGNATURE DATE

Section 3: To the Writer of the Recommendation

The above named is applying for admission to the New England School of Acupuncture's master's degree program. NESAs seeks students who show promise of becoming dedicated, responsible and compassionate healthcare professionals. Students must have the academic and personal strength, moral character, and commitment to become healthcare practitioners and the ability to acquire the business skills necessary to succeed professionally. Please write your statement using the questions on the reverse side of this sheet and return it to the NESAs Admissions Department at the address below. You may wish to keep a copy of your statement for your records. Federal law requires that recommendations be made available to applicants who enroll at NESAs unless the applicants agree to waive their right of access. Applicants who do not waive their right or do not sign at either place will be permitted to read their recommendations should they enroll in the school.



NEW ENGLAND
SCHOOL OF
ACUPUNCTURE

Admissions Department
150 California Street
Newton, Massachusetts 02458
617.558.1788 x105 • www.nesa.edu

WRITER OF THE RECOMMENDATION:

Please help us assess the applicant's strengths, weaknesses, and moral character with regard to his/her ability in graduate study and an eventual career as a health care provider by answering the following questions. Feel free to attach additional paper if necessary.

1. How long and in what capacity have you known this applicant?

Please assess the applicant in the following areas:

2. Communication and interpersonal skills

3. Academic ability; critical thinking skills

4. Organizational skills and ability to set and pursue long range goals

5. Personal, moral/ethical integrity

6. Degree of self-knowledge and commitment to personal growth

SIGNATURE

DATE

Thank you for your time, consideration, and effort in assisting NESA evaluate this applicant