

CHARACTER REFERENCE QUESTIONNAIRE

Referent: Please complete *both sides* of this Character Reference Questionnaire, then send it directly to the Office of Admissions in a sealed envelope with your return address.

APPLICANT'S INFORMATION

Applicant's Name (PLEASE PRINT) Applicant's Program

REFERENT'S INFORMATION

Name (PLEASE PRINT)

Address Street Apt. or Box #

City State/Province Zip/Postal Code Country

Occupation Work Telephone

Relationship to the applicant

TO BE COMPLETED BY APPLICANT

I have asked _____ to complete this character reference questionnaire. I understand my rights under the Family Rights and Privacy Act of 1974 (also known as the Buckley Amendment) provides me the right to inspect and review my educational records. By my signature below, I waive my right to inspect any confidential information submitted by my referent.

I also understand that this waiver is not required as a condition for admission to National University of Health Sciences.

Name of Applicant (Please Print)

Signature of Applicant

Date

NOTE TO THE INDIVIDUAL COMPLETING THE CHARACTER REFERENCE QUESTIONNAIRE

If the applicant has not signed the waiver above, it means the student has retained the right to inspect and review their educational records. National University of Health Sciences cannot assure your comments will remain confidential if the waiver is not signed by the applicant.

Do you think this applicant will be a competent practitioner of their chosen profession? Please explain.

What are this applicant's most notable strengths and weaknesses?

If you wish to make any additional comments about this applicant, please do so here.

Referent's Signature

Date