

PARKER

COLLEGE OF CHIROPRACTIC

Recommendation for Admission

2500 Walnut Hill Lane • Dallas, Texas 75229 • 800-438-6932 ext. 7000

Your Name _____

Profession/Job Title _____

Address _____

City _____ State/Province _____ Zip _____

Office Phone _____ Home Phone _____

Signature _____ Date _____

Name of Applicant: _____
first middle last

How long have you known the candidate? _____ (years) _____ (months)

In what capacity? (friend, patient, instructor, employer, co-worker, etc.) _____

How well do you know the applicant?

Very well _____ Fairly well _____ Acquainted _____

Please rate the following strengths and weaknesses with regard to the applicant:

	Outstanding	Average	Below Average	Unknown
Science Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<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"/>
Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Consistently	Occasionally	Rarely	Never	Unknown
Procrastination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faulty study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faulty work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irresponsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions

Do you feel that this applicant is a person of integrity and can be trusted?

Yes No Unknown

To your knowledge, has this applicant ever been found guilty of cheating in school?

Yes No Unknown

Do you feel that this applicant's character is appropriate for public service as a Doctor of Chiropractic?

Yes No Unknown

Do you feel that this applicant will succeed in a science-based program of study?

Yes No Unknown

Does this applicant seem to get along with his/her peers?

Yes No Unknown

Does the applicant seem to get along with teachers and persons in authority?

Yes No Unknown

Additional Comments:

QUESTIONS FOR DOCTORS OF CHIROPRACTIC ONLY

Would you be proud to have this applicant as a colleague in your community?

Yes No

Are you aware as to whether this applicant has been a chiropractic patient or worked in the profession in some capacity?

Yes No

Have you referred other students to Parker College of Chiropractic?

Yes No

Comments:

Are you a Parker Alumnus? Yes No

Other College of Chiropractic Alumnus? Yes No

Which College?