

Student Recommendation Form Massage Therapist Program

Applicant name: _____

The Family Education Rights and Privacy Act of 1974 provides access to educational records and permits the applicant the right to review and inspect this evaluation, unless they choose to waive this right.

APPLICANT: Please read the following waiver and check the box indicating whether you “agree” or “do not agree” to the waiver.

“It is my understanding that waiving my right to review the reference from the individual below is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect this document once completed.” I agree I do not agree

Dear evaluator:

We respectfully request your evaluation of the applicant named above. Your evaluation will be used by the Whatcom Community College massage therapist program as part of the selection process for qualified applicants for the next massage class. There is a rating scale below for different qualities and a request to elaborate on some of these qualities. We are looking for applicants with the qualities necessary to succeed in a very demanding one-year program at WCC. It is also important that they have a good perspective on the profession they have chosen. **This applicant will not be considered for admission to the massage therapist program until this form is returned to WCC.**

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please check the appropriate box that best describes the candidate. The scale is as follows:

5=Outstanding; 4=Above average; 3=Average; 2=Below average; 1=Very poor; N/A=Unknown

Criteria	5	4	3	2	1	N/A
Ability to express thoughts in writing						
Ability to express thoughts verbally						
Character/Personality						
Conflict resolution						
Cooperativeness						
Enthusiasm						
Intellectual capacity						
Leadership/Initiative						
Originality						
Professional appearance						
Problem solving						
Professional interest						
Reliability						

Please select 6 of the categories from the rating graph and elaborate, with examples, as to why the applicant deserves this score. Please attach a separate sheet.

Recommender information

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please return to the applicant.

Thank you for your cooperation and assistance.

Student: If you authorize WCC to contact this individual for additional information, if necessary, please sign:

Signature: _____

Non-Discrimination Statement

Whatcom Community College does not discriminate on the basis of race, color, national origin, religion, sex, disability, honorably discharged veteran or military status, sexual orientation, gender identity, gender presentation, ancestry, ethnicity, family status, immigration status, citizenship, socioeconomic status, genetic information or age in its programs and activities.

The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director for Human Resources, by phone: 360.383.3400 or email: hr@whatcom.edu , 237 W. Kellogg Road, Bellingham, WA 98226.

For Title IX compliance: Title IX Coordinator, by phone: 360.383.3400 or email: titleIX@whatcom.edu , 237 W. Kellogg Road, Bellingham, WA 98226.

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