



Canadian College of Acupuncture and Oriental Medicine

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REFERENCE FORM

TO THE APPLICANT

Please fill in the information and give this form and a stamped envelope, addressed to The Canadian College of Acupuncture & Oriental Medicine, to your referee.

Applicant Name: _____
Last Name (Family Name) First Middle Preferred name

Applicant Address: _____

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TO THE PERSON COMPLETING THIS REFERENCE

The Canadian College of Acupuncture & Oriental Medicine appreciates the candid evaluation of applicants and finds it helpful in the admissions process. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for the program. Please submit your references directly to the college in the envelope provided by the applicant. A photocopy or fax of this form is acceptable. We thank you for taking the time to complete this reference.

Name: _____

Name of School/Institution/ Business: _____

Address: _____

Phone number: (_____) _____

How long have you known/taught this applicant? _____

In what capacity have you known the applicant? _____

