



National College of Naprapathic Medicine

Applicant Evaluation Form

Name: _____
(Last) (First) (Middle)

The above named person is applying for admission to the National College of Naprapathic Medicine and has submitted your name as a reference.

Our Program incorporates four years of intensive academic study and clinical preparation into three calendar years. The purpose of our college is to prepare persons to become fully competent Doctors of Naprapathic Medicine.

Naprapathic Medicine is a scientific approach to natural healing through a system of specific therapeutic manipulation. Naprapathic Medicine contends that a favorable internal environment is essential for growth, development and maintenance of all normal health. Naprapathic procedures assist the body to maintain a favorable internal environment by releasing points of tension and by the use of rational dietary and hygienic measures.

Release of Access To This Applicant Evaluation Form

In compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974), the applicant must complete and sign the following statement before submitting the form to the referee.

- I waive my personal right of access to this evaluation form.
- I do not waive my personal right of access to this evaluation form.

Signature of applicant

Date

Admissions Department
National College of Naprapathic Medicine
3330 N. Milwaukee Avenue
Chicago, IL 60641

(800) 262-6620

Email: admissions@napmed.edu
Website: <http://www.napmed.edu>

In application to the ratings on the previous page, please give your evaluation of and personal reaction to the applicant:

These evaluation forms will become part of the student's permanent record.

How well do you know the applicant? Very Well Fairly Well Slightly

How long have you known the applicant? _____.

In what capacity have you been associated with the applicant?

Teacher Academic Advisor Supervisor Employer Clergy

Other _____

(Please Specify)

My recommendation to the College is: Strong Average Minimal Do not recommend

Please print your name _____

Signature _____

Position _____ Institution _____

Thank you for your cooperation in helping us to assess the applicant.

Please return to: National College of Naprapathic Medicine
Admissions Committee
3330 N. Milwaukee Avenue
Chicago, Illinois 60641