

APPLICANT PERSONAL REFERENCE FORM

Name of Applicant: _____

Name of Reference: _____

This applicant has applied to study massage in the American University of Healing Arts School of Massage Therapy Professional Training Program. We would appreciate your thoughtful assessment of this applicant's potential to succeed in the program.

Please complete this form and return it to the applicant or mail it to the attention of the Director at the address listed below. Thank you.

1. How long have you known this person?
2. In what capacity do you know this person? (Friend, business, professional, neighbor, etc.)
3. What experience, if any, have you had with massage?
4. How would you rate this applicant's integrity and dependability?
5. Does he or she get along well with other people?
6. How would you describe this applicant's communication skills?
7. How would you describe this applicant's academic skills?
8. Please state any reasons why AUHA should or should not accept this person into the Professional Training Program.
9. Additional comments (use back of page if needed):

Signature

Date

Address

Phone Number

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