

**Reference Form**

Applicant Name: \_\_\_\_\_

1. In what capacity do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chiropractic Recommendation

Professional Reference

2. How well do you know the applicant? (Check one)

Very well

Average

Well

Not very well

3. Do you believe the applicant is academically and sufficiently motivated for pursuing graduate study? (Check one)

Yes

Doubtful

I have no way of judging

Probably

No

4. Do you believe the applicant possesses the level of maturity required for this program? (Check one)

Yes

No

I have no way of judging

5. Regarding the following, in your opinion, does the applicant demonstrate the following:

Initiative (check one)

Outstanding  Good  Average  Low  Unobserved

Work habit (check one)

Outstanding  Good  Average  Low  Unobserved

Moral Character (check one)

Outstanding  Good  Average  Low  Unobserved

Leadership (check one)

Outstanding  Good  Average  Low  Unobserved

6. In general, and in consideration of the attributes you think are necessary for a health professional serving the public, do you believe this applicant is well-suited for admission to Logan University? (check one)

Yes  No  I choose not to respond

7. Please add any comments that will assist the Admissions Committee in the evaluation of this applicant:

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to sign and return this form by saving and emailing it to [admissionsreference@logan.edu](mailto:admissionsreference@logan.edu), faxing to (636) 207-2425 or by mailing to the following address:**

**Logan University  
1851 Schoettler Road  
Chesterfield, MO 63017**