



THE INSTITUTE OF THERAPEUTIC MASSAGE, INC.

PH #: 866-897-0949

FAX #: 419-523-9152

A PROFESSIONAL EDUCATION FOR A PROFESSIONAL CAREER

PERSONAL/PROFESSIONAL REFERENCE

Applicant Name: _____ Ph. #: _____

Address: _____ City: _____ State: _____ Zip: _____

The above-named individual has applied to the Institute of Therapeutic Massage for consideration in enrollment. Your reference on behalf of this prospective student will better enable us to determine his or her personal character and academic potential. All information provided will be kept confidential. Please return this form directly to the above school and address. Thank you.

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

On a scale of 1 to 10, with 10 being excellent, rate the applicant as to...

- Academic abilities _____
- Ethical behavior _____
- Application of knowledge _____
- Task completion _____
- Maturity _____
- Integrity _____
- Adapting to pressure _____
- Social interaction _____

Personal comments: _____

Name: _____ Date: _____ Ph. #: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

9508 STATE ROUTE 65
PO BOX 350
OTTAWA, OHIO 45875-0350

311 E. MARKET ST, SUITE 206
PO BOX 1466
LIMA, OHIO 45802-1466



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