**Department of Counselor Education & Family Studies**  
Recommendation for Graduate Programs

*Please be sure and complete this form entirely, providing as much detail as possible, in order to better assist us in evaluating the applicant's suitability for the program.*

**STEP 1**  
To be Completed by the Applicant

Name: 

Student ID: ____________________

Under the Federal Family Educational Rights and Privacy Act of 1974 and its amendment, students are entitled to review their records including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right of access to the recommendations or decline to do so. Therefore, please mark the appropriate phrase below, indicating your choice of option, and sign your name.

- [ ] I want to waive my rights to review the contents of this recommendation.
- [ ] I do not waive my rights to review the contents of this recommendation.

Signed ___________________________ Date _______/ _______ / ______

**STEP 2**  
Recommender’s Comments

Knowledge of the Applicant.

1. I have known the applicant for ___________ years, ___________ months.
2. I know the applicant  [ ] slightly  [ ] fairly well  [ ] very well
3. Is this reference academic or professional? Yes or No

To the extent to which you have a basis for judgement, please rank the applicant against others with whom you have been associated in a similar capacity. (*Mark N/A where basis of judgement does not exist.*)

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<thead>
<tr>
<th>Category</th>
<th>Upper 2%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
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<tbody>
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<td>Intellectual / Academic Ability</td>
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<td>Research Skills</td>
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<td>Computer Skills <em>(word processing, spreadsheets, data analysis package)</em></td>
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<td>Library Research Skills</td>
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<td>Written Communication</td>
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<td>Organizational Ability</td>
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<td>Desire to Achieve</td>
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<td>Work Ethic</td>
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*Over Please*
How would you describe the applicant’s character, ethics, and professionalism? (Use additional paper, if needed.)

What is your estimate of the applicant’s promise as a graduate student, strengths and / or weaknesses? (Use additional paper, if needed.)

Printed Name ___________________________ Evening Phone ( ___ ) ___-___

Mailing Address ___________________________ E-mail ______________________
Street Address

City ___________ State _______ Zip _______

Where Employed ___________________________ Work Phone ( ___ ) ___-___

Title of Job or Profession ___________________________ Fax Number ( ___ ) ___-___

Recommender’s Signature ___________________________ Date ___________