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
First Middle/Maiden Last

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/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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<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
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<td>Intellectual / Academic Ability</td>
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<td>Research Skills</td>
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<td>Computer Skills</td>
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<td>Library Research Skills</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
Street Address
City State Zip

Where Employed
Work Phone ( ) –

Title of Job or Profession
Fax Number ( ) –

Recommender’s Signature ____________________________________________ Date ___________

Liberty University, 1971 University Blvd., Lynchburg, VA 24502-2269