

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

Student ID: _____

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.)

	Upper 2%	Upper 10%	Upper 25%	Upper 50%	Lower 50%
Intellectual / Academic Ability					
Research Skills					
Computer Skills <i>(word processing, spread sheets, data analysis package)</i>					
Library Research Skills					
Written Communication					
Organizational Ability					
Interpersonal Skills					
Desire to Achieve					
Work Ethic					

STEP 2 **Recommender's Comments** *(Continued)*

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

_____ State _____ Zip _____
City

Where Employed _____ Work Phone () _____ -

Title of Job or Profession _____ Fax Number () _____ -

Recommender's Signature _____ **Date** _____