



UNIVERSITY of
SAINT FRANCIS

**M.S. IN MENTAL HEALTH COUNSELING:
RECOMMENDATION FORM**

Applicant's Name: (PLEASE PRINT) _____

Street _____ City, State _____ Zip _____

Name of Person

Completing This Form: (PLEASE PRINT) _____

TO THE APPLICANT: Have on file with the University of Saint Francis Graduate Office two (2) recommendations on these forms. Include at least one from a former college professor and one from an employer or supervisor who has observed you in a professional setting. *For the convenience of the person completing the form, include a stamped envelope addressed to the Graduate Office, University of Saint Francis, 2701 Spring Street, Fort Wayne, IN 46808.*

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

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

Date: _____ **Applicant's Signature:** _____

TO THE REFERENT:

Please complete and mail this form so that it reaches the University of Saint Francis by _____.

RECOMMENDATION

1. I have known the applicant for _____ years, _____ months.
2. I know the applicant: slightly fairly well very well
3. I have known the applicant: as an undergraduate student as an assistant
 as a graduate student as an advisee
 as an employee other, please specify: _____
4. The applicant has taken: none of my classes one of my classes two or more of my classes
5. Indicate the population with which the applicant is being compared in this rating:
 - Undergraduate students whom I have taught or known
 - Graduate students whom I have taught or known
 - All students, undergraduate and graduate, whom I have taught or known
 - Colleagues with whom I have worked
6. How would you rate the applicant's potential for counseling work?
 - Poor Fair Good Excellent Cannot determine

7. Is the applicant's academic potential greater or less than that indicated by his/her grades?

Insert an **X** where appropriate on the scale below:

much less	somewhat less	equal	somewhat greater	much greater	no basis for judgment

8. Global Ratings: Compared to the population indicated in Item 5, rate this applicant on each:

CHARACTERISTIC	LOWER 50%	UPPER 50%	UPPER 25%	UPPER 10%	UPPER 5%	NO BASIS FOR JUDGEMENT
Academic Ability						
General Knowledge						
Oral Expression Skills						
Written Expression Skills						
Originality						
Social Awareness & Concern						
Emotional Maturity						
Desire to Achieve						
Ability to Work with Others						
Leadership Skills						
Persuasive Ability						
Independence & Initiative						
Professional Commitment						
Research Skills						
Teaching Skills						
Potential for Success						
Carefulness in Work						

9. Indicate the strength of your overall endorsement of the applicant:

- Not recommended
 Recommended with some reservation
 Recommended
 Highly recommended

10. In the space below or on additional pages, please provide information about the applicant that will reflect their ability to function in a counseling environment. Data is sought regarding the applicant's capacity to work with others in a helping setting, their social skills, emotional stability and maturity.

Signature of person completing this form: _____

Name (Please Print): _____

Title: _____

Institution or Affiliation: _____

Thank you for completing this form. Please return this form (for which the applicant has supplied a stamped addressed envelope) to:

**Graduate Admissions Office - University of Saint Francis
2701 Spring Street, Fort Wayne, IN 46808**