



UNIVERSITY of  
SAINT FRANCIS

**M.S. IN PASTORAL COUNSELING and  
CERTIFICATE IN PASTORAL 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:

<b>much less</b>	<b>somewhat less</b>	<b>equal</b>	<b>somewhat greater</b>	<b>much greater</b>	<b>no basis for judgment</b>

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

<b>CHARACTERISTIC</b>	<b>LOWER 50%</b>	<b>UPPER 50%</b>	<b>UPPER 25%</b>	<b>UPPER 10%</b>	<b>UPPER 5%</b>	<b>NO BASIS FOR JUDGEMENT</b>
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 - University of Saint Francis**  
**2701 Spring Street, Fort Wayne, IN 46808**