

**MASTERS OF ARTS IN COUNSELING PROGRAM
GENEVA COLLEGE
MASTER'S DEGREE RECOMMENDATION FORM**

TO BE COMPLETED BY APPLICANT:

NAME OF THE APPLICANT (please print) _____

The Family Rights and Privacy Act of 1974 opens many students records for the student's inspection. The law also permits the student to sign a waiver relinquishing the right to review this reference. Those writing letters of recommendation and those accessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access these recommendations or decline to do so. Please indicate your choice and sign your name.

_____ I waive my right to review this reference.

_____ I do not waive my right to review this reference.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY THE EVALUATOR:

Please rate the applicant using as a standard all students you have known at this stage.

	Upper 10%	Upper 25% but not Upper 10%	Upper Half, but not Upper 25%	Lower Half	No Basis for Judgment	Make a Brief Evaluation Comment
1. Academic Performance						
2. Intellectual Ability						
3. Speaking Skills						
4. Writing Skills						
5. Computer Skills						
6. Creativity						
7. Initiative						
8. Responsibility						
9. Emotional Maturity						
10. Empathy						
11. Judgment						
12. Integrity/Ethical Behavior						
13. Open Mindedness						
14. Ability to handle criticism						
15. Clarity of Professional Goals						
16. Interpersonal Skills						
17. Respect for others from diverse backgrounds						
18. Openness to Self-Examination						
19. Problem Solving						
20. Evidence of Christian Faith						

How long have you known the applicant? Please state approximate dates: _____

Organization: _____

In what capacity/relationship? _____ Teacher _____ Supervisor _____ Academic Advisor

_____ Other (please explain)

How well do you know the applicant? _____ Very Well _____ Well _____ Casually _____ Not Very Well

Please check one, indicating your overall recommendation with respect to the Masters of Arts in Counseling Program to which the applicant has applied:

_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Do Not Recommend

The Master of Arts in Counseling Admissions Committee of Geneva College is assessing not only the applicant's scholastic potential, but also personal qualifications necessary to become a professional mental health, marriage/family or school counselor. Our goal is to admit applicants with strong conceptual abilities, moral character, interpersonal skills, and motivation. Please comment on the applicant's personality, character and academic ability in order to assist the Admissions Committee to better evaluate the applicant's competence to become a professional counselor. Please feel free to include a separate letter if you would like additional space.

Please elaborate on any reservations you may have regarding this applicant's ability to succeed in graduate study and professional work as a counselor.

Name (print) _____ Signature _____ Date _____

Current Position _____ Current Organization _____

Address _____

Day Contact Number _____ Email _____

Please mail reference form to:

Geneva College
M.A. Counseling Program
3200 College Avenue
Beaver Falls, PA 15010