



MASTER'S DEGREE IN COUNSELING

RECOMMENDATION FORM

This section is to be completed by the applicant.

Name of the Applicant _____

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.

Applicant Signature _____ Date _____

This section is to be completed by the evaluator.

	Upper 10%	Upper 25% but not upper 10%	Upper 50% but not upper 25%	Lower 50%	No basis for judgement	Brief Evaluative 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? _____

Organization _____

In what capacity/relationship?

- Teacher
- Supervisor
- Academic Advisor
- Other (please explain) _____

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

Do you have any reservations regarding this applicant's ability to succeed in graduate study and professional work as a counselor? If yes, please add comments in the box below.

- I do not have any reservations.
- I have reservations.

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.***

Evaluator Information

Name _____

Evaluator Signature _____ Date _____

Current position _____

Current organization _____

Address _____

Email _____

Daytime contact number _____

Email _____