

RECOMMENDATION FORM

For admission to the Graduate Program in Professional Counseling

Middle Tennessee State University

A. To be completed by the applicant:

Name:

Last First MI (Maiden)

Student ID Number Phone number: ()

Email Address:

Complete Street Address:

Concentration for which you are applying (Applicant: place an "X" in the box corresponding to your concentration of choice prior to sending this form to the "recommender"):

☐

School Counseling

☐

Clinical Mental Health Counseling

☐

School Counseling License

(Adding to Previous Master's)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the recommender will be advised of your choice.

Confidential file. I hereby WAIVE my rights of access to this recommendation.

Open file. I do NOT waive my rights of access to this recommendation.

Applicant's Signature

Date

B. To be completed by the recommender:

1. Knowledge of the Applicant:

Approximately how long have you known this applicant?

How well do you feel you know this applicant? Casually Well Very Well

What is the nature of your contact(s) with the applicant?

Teacher Advisor Peer/Colleague Employer Other (specify)

2. Evaluation: *In comparison with other college graduates or persons in the same field with the same amount of experience and training, I rate this person as follows:*

	Top 1%	Top 5%	Top 10%	Top 20%	Upper 50%	Lower 50%	Unable to rate
Breadth of general knowledge							
Intellectual powers							
Ability as a speaker/oral expression skills							
Ability as a writer/written expression skills							
Originality, intellectual creativity, imagination							
Ability to grasp new ideas							
Acceptance of responsibility							
Persistence							
Flexibility							
Ability to relate to others							
Potential as a professional counselor							

Please rate the candidate on the dimensions below using the following scale:

5	4	3	2	1	U/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Unable to rate

1. _____ I believe this candidate possesses the maturity necessary to succeed in graduate school.
2. _____ I believe this candidate exhibits good judgment which will likely be manifested in his or her role as a counselor.
3. _____ The candidate functions well independently.
4. _____ The candidate conducts him or herself in a professional manner.
5. _____ The candidate's character/integrity suggests he or she would uphold the ethical standards of the counseling profession.

From what I know, I recommend the applicant for (check only one):

_____ **Admission** _____ **Admission with reservation** _____ **No Admission**

In addition, we would appreciate your evaluation of the applicant's outstanding strengths and weaknesses and any other comments which you feel will assist in evaluating the applicant's potential to pursue graduate study in this area.

Name of Recommender (Please print) _____

Signature (if completing form by hand) _____

Title _____

Organization _____

Address _____

Phone Number () _____ Email address _____

Middle Tennessee State University is committed to a policy of nondiscrimination on the basis of race, color, national origin, gender, age, handicap, or veteran status.