

TO THE APPLICANT: FILL OUT THE SECTION BELOW.

Then give this form to the person serving as a reference.
Provide the reference a stamped, self-addressed envelope.

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____
street city state zip

DESIRED TERM OF ENTRY: _____

I DO DO NOT waive my right to see the completed Letter of Reference in my file.

APPLICANT'S SIGNATURE: _____

TO THE PERSON SERVING AS A REFERENCE:

The person named above is applying for admission to the Community Counseling program in the Department of Counseling and Human Services at The University of Scranton. Please complete and return this form so it will be received by the March 1 application deadline. You may complete this form **and submit a separate letter** if you wish. Please be sure to attach any additional letter to this form if you elect to write one. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.

Thank you for helping us to evaluate the suitability of this person for entry into our program at The University of Scranton.

1) Professional Relationship with the Applicant

Approximately how long have you known this applicant? From _____ to _____

How well do you feel you know the applicant?

Casually Well Very Well

Comments: _____

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

Teacher Research Advisor Major Advisor
 Employer Supervisor Other (Please Specify) _____

Comments: _____

2) Evaluation: In comparison with others who have the same amount of experience and training, please rate the applicant on the following criteria:

Academic Characteristics	Top 5%	Top 10%	Top 25%	Upper 50%	Lower 50%	Unable to Judge
Organization and Time Management						
Perseverance						
Ability to Cope with Stress						
Critical Thinking Skills						
Willingness to Accept Feedback						
Oral Expression						
Written Expression						
Commitment to Ongoing Learning						

Professional and Counseling-Related Characteristics	Top 5%	Top 10%	Top 25%	Upper 50%	Lower 50%	Unable to Judge
Ability to Establish and Maintain Effective Relationships						
Leadership Skills						
Assertiveness						
Maturity						
Flexibility						
Integrity						
Initiative						
Interest in Helping Others						
Openness to Diversity						
Ability to listen to others						

3) Recommendation: Considering the applicant’s academic and professional characteristics, please indicate the strength of your recommendation for a Master’s degree in Professional Community Counseling:

- Recommend Strongly
- Recommend with reservation
- Recommend
- Cannot recommend

4) Please comment below or attach a separate sheet if you would like to expand on or provide examples for your evaluations above. Feedback about the applicant’s potential to become an effective Professional Community Counselor is particularly welcome.

NAME (Print): _____

TITLE/POSITION: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____