

MA IN COUNSELING - LETTER OF RECOMMENDATION

Please print or type



Applicant's Last Name _____ First _____ Middle _____ Former _____

To the Applicant:

The Family Education Rights and Privacy Act of 1974 entitles you to access this recommendation contingent upon matriculation, unless you waive that right. Whether or not you choose to do so does not affect the careful attention the recommendation will be given.

I hereby waive do not waive my right of access to this letter of recommendation.

Signature of Applicant _____

To the Recommender:

The student named above is applying for admission to the MAC at Multnomah University. The Counseling Committee desires only qualified and capable students to be admitted to the program. For this reason, you are being asked to evaluate the personal and/or academic characteristics of this candidate. **NO ACTION WILL BE TAKEN ON THE CANDIDATE'S APPLICATION UNTIL WE RECEIVE THIS FORM. PLEASE RETURN PROMPTLY. THANK YOU FOR YOUR ASSISTANCE.**

Please return this form to the Admissions Office as soon as possible.

A. How long and in what capacity have you known the applicant?

B. What do you consider to be the applicant's strongest skills or traits?

C. What do you consider to be the applicant's weaknesses?

D. Please rate the applicant in reference to others you have known who have entered the counseling profession.

	Exceptional	Superior	Good	Average	Poor	Not Observed
Scholastic Ability						
Patience & Empathy						
Organizational Skills						
Communication Skills: Written						
Communication Skills: Oral						
Interpersonal Skills						
Initiative						
Creativity						
Overall Potential for Success as a Counselor						

E. Please comment on the ratings you assigned above and make any statement about the applicant you believe would be helpful to the Counseling Committee, especially with regard to his/her ability to work as a counselor.

Name _____ Email _____ Phone _____

Signature _____ Date _____