RECOMMENDATION FORM

TO THE APPLICANT:

Please complete the initial portion of this recommendation form and then provide this recommendation form to three people, at least two of whom know you professionally. Have the recommender complete the form, place it in an envelope, provide a signature over the seal, and return it to you. You will collect *all* materials and send the entire application packet to the Professional Counseling Program per the application instructions.

YOUR FULL NAME: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

EXPECTED ENROLLMENT: ____ FALL ____ SPRING ____ SUMMER _____ YEAR

I hereby waive my rights to read this recommendation.

____ yes ____ no

_____ _____

Signature Date

TO THE RECOMMENDER:

The person whose name appears above is applying for admission to the Graduate Professional Counseling Program at Texas State University-San Marcos. The applicant is required to obtain three complete Recommendation Forms as part of their admissions portfolio. This applicant has requested that your recommendation be included as part of their portfolio. We request that the applicant waive rights to read this recommendation (see above). The following directions are important to a) properly evaluate the applicant, and b) consider the file complete to advance to a full review.

1) ***Complete the form in its entirety, leaving no blank spaces.*** Additional information via a letter may be attached, but this form must be complete for the file to advance for review.
2) ***Put the completed form in an envelope, seal it, and then sign your name across the seal.***
3) ***Please return the recommendation form to the applicant so that s/he can include it in their complete application packet.***

Name of Recommender: _____

Position or Title: _____

Agency or Institution: _____

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

_____

_____

_____

2. What characteristics do you consider to be talents and strengths of the applicant?

_____

_____

_____

3. What characteristics do you consider to be limitations of the applicant?

_____

_____

_____

4. How thoroughly do you think the applicant has considered plans for graduate study?

_____

_____

_____

Please provide any additional comments that you believe would be helpful in assessing the candidate's application for graduate work in counseling at Texas State University-San Marcos. Please use the back if necessary.

_____

_____

_____

_____

_____

Please evaluate the applicant's qualifications by checking the appropriate column. Check the group to which you are comparing the applicant's abilities:

____Undergraduates ____Graduate Students ____Professional Educators

____ Other (Please specify) _____

Qualifications	Superior	Good	Average	Poor	No Rating
Sensitivity to and awareness of cultural and gender diversity					
Intellectual ability					
Oral expression					
Written expression					
Interpersonal skills					
Perseverance					
General ethical behavior					
Initiative					
Creativity					
Potential for counseling profession					
Commitment to counseling profession					
Ability to tolerate ambiguity					
Interest in welfare of others					
Awareness of strengths					
Awareness of limitations					
Willingness to be open and vulnerable					
Sense of humor					
Genuineness					
Ability to receive and integrate feedback					
Ability to form effective interpersonal individual relationships					
Ability to form effective interpersonal small group relationships					
Demonstrated ability for personal self-development					
Demonstrated ability for professional self-development					
Potential to conduct and interpret research					
Technological competence & computer literacy					

This space is provided for you to write your personal evaluative statement about the applicant's potential to pursue graduate study in counseling. Please provide whatever relevant information you feel may be helpful to the Admission Committee.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you recommend this applicant to Texas State University-San Marcos?

____ Highly recommend

____ Recommend

____ Recommend with reservation

____ Do not recommend

Name of Recommender: _____

Street Address: _____

City/State/Zip: _____

Email (optional): _____

_____ _____

Signature of Recommender **Date**

(Revised December 2009)