

**Department of Counseling, Leadership and Special Education
Counseling Programs
Missouri State University
Applicant Reference Form**

For use in the selection of students for the Master of Science degree program in Counseling at Missouri State University.

Applicant Name (Type or Print) : _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their academic records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendation will remain confidential. It is the applicant's option to waive her or his right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of options, and sign before giving to the person completing the recommendation form.

_____ **I waive my right to have access to review this recommendation.**

_____ **I do not waive my right to have access to review this recommendation.**

Applicant Signature: _____ **Date:** _____

To the recommender:

How well do you know this applicant: _____ **Casually** _____ **Somewhat** _____ **Well** _____ **Very Well**

In what capacity have you known this applicant? _____

How long? _____

Please rate the applicant on each of the following in comparison with others you have known in similar capacities (Circle a number for each item).

	Poor		Average		Superior	No Basis
1. Academic, intellectual abilities	1	2	3	4	5	N
2. Interpersonal relationship skills	1	2	3	4	5	N
3. Emotional maturity	1	2	3	4	5	N
4. Psychological self-awareness	1	2	3	4	5	N
5. Writing skills	1	2	3	4	5	N
6. Professional commitment	1	2	3	4	5	N
7. Initiative	1	2	3	4	5	N
8. Ability to work with colleagues	1	2	3	4	5	N
9. Potential as a counselor	1	2	3	4	5	N
10. Creativity	1	2	3	4	5	N
11. Open mindedness	1	2	3	4	5	N
12. Overall qualifications for graduate study	1	2	3	4	5	N

Please provide any written comments about this applicant you would like to add to your ratings above. If you would prefer, you are welcome to attach a separate letter as well. Thank you for your contribution to this process.

Signature of Recommender

Typed/Printed Name of Recommender

Position

Date

Telephone

Mail to: Department of Counseling, Leadership and Special Education
Counseling Programs Admissions Coordinator
901 S. National Avenue
Springfield, MO 65897

9-07

Phone: 417/836-5449
FAX: 417/836-4918