

# CHICAGO STATE UNIVERSITY

## COUNSELING GRADATE PROGRAM Graduate Admissions Recommendation Form

Instructions: The applicant should first complete Section A, including a signature and date. The recommender finishes the remainder of the form, places it in an envelope, signs the flap, and gives the envelope to the applicant.

All completed recommendations should be submitted with the application by the March 1<sup>st</sup> deadline.

### SECTION A: *To be completed by the applicant*

1. APPLICANT: \_\_\_\_\_ SSN# \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

3. APPLYING TO: School Track \_\_\_\_\_ Clinical Mental Health Track \_\_\_\_\_

4. TERM FOR WHICH YOU ARE APPLYING: \_\_\_\_\_, 20 \_\_\_\_\_

5. APPLICANT: Please check the option of your choice

\_\_\_\_\_ I wish to review the letter of recommendation prior to including it with my application. I do not waive my right to access.

\_\_\_\_\_ I do not wish to review this letter of recommendation prior to including it with my application. I waive my right to access.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### SECTION B: *To be completed by the professional making the recommendation*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How well do you know this applicant?            1 (very well)    2 (somewhat)    3 (slightly)

Please rate the applicant on each of the following dimensions compared to individuals at a similar level of education and experience. Circle the appropriate rating.

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Very Poor</u>	<u>N/O*</u>
a. Ethical Behavior	5	4	3	2	1	N
b. Emotional Maturity	5	4	3	2	1	N
c. Personal Stability	5	4	3	2	1	N
d. Ability for Scholarly Work	5	4	3	2	1	N
e. Writing	5	4	3	2	1	N
f. Verbal Skills	5	4	3	2	1	N
g. Initiative	5	4	3	2	1	N
h. Perseverance	5	4	3	2	1	N

\*N/O = No opportunity to observe

Describe the basis for any low ratings (Attach extra sheet, if necessary)

What is your opinion of the applicant's ability to succeed in graduate school and perform as a counselor upon graduation? Include specific, concrete examples of the applicant's strengths and weaknesses including any reservations you may have about the applicant's ability to perform in graduate school.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_