

M.S. in Clinical Mental Health Counseling

To the applicant: Please submit to the University of Saint Francis Graduate Admission Office two (2) recommendations on these forms. Include one from a former college professor and one from an employer, supervisor, or colleague who has observed you in a professional setting. For the convenience of the person completing the form, include a stamped envelope addressed to the Graduate Admission Office, University of Saint Francis, 2701 Spring Street, Fort Wayne, IN 46808.

To the referent: The below named applicant is a candidate for admission to the University of Saint Francis and has given your name as a reference. On this evaluation form, please give your personal estimate of the applicant's potential for success at the university. Your prompt return of the completed form will aid in the processing of the application.

Applicant's Name _____

Address _____

City _____ State _____ ZIP _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Applicant's Signature _____ Date _____

The University of Saint Francis does not discriminate on the basis of gender, race, age, handicap, national origin or creed in the administration of any of its policies.

PLEASE RETURN THIS FORM DIRECTLY TO:

Graduate Admission Office
University of Saint Francis
2701 Spring Street
Fort Wayne, IN 46808



Reference Information

The person named on the opposite side of this form is a candidate for admission to the University of Saint Francis. Your candid reference for the applicant will help us in our review of their application file. Please respond to the best of your knowledge.

1. I have known the applicant for _____ years, _____ months
2. I know the applicant: slightly fairly well very well
3. I have known the applicant: as an undergraduate student as an assistant
 as a graduate student as an advisee
 as an employee other, please specify: _____
4. How would you rate the applicant's potential for graduate work?
 Poor fair good excellent cannot determine
5. Is the applicant's academic potential greater or less than that indicated by his/her grades?
 much less somewhat greater somewhat less
 much greater equal no basis for judgment

Evaluation of Applicant's Performance and Potential

Characteristic	Excellent	Very Good	Fair	Poor	No Basis for Judgment
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Awareness & Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence & Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carefulness in Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please provide further information about the candidate's suitability for and commitment to graduate study either in the space below or with an attached document.

7. Please check your recommendation for admission to the University of Saint Francis
 Recommended with enthusiasm Recommended Not recommended

Please Print Name _____ Date _____

Signature _____ Title/Position _____

Employer _____ Telephone Number _____