Letter of Recommendation
Department of Counselor Education

Name of Applicant________________________________________________________

Last     First     Middle

Email_________________________________________ Phone_______________________

Applicant: Before you give this form to persons acquainted with your qualifications for admission to the Department of Counselor Education, please fill out the top, check a box below, and sign, in accordance with the Family Educational Rights and Privacy Act of 1974.

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

Applicant Signature Date

To Writers of Letter of Recommendation:
We are particularly interested in the applicant’s ability to carry on advanced study at the graduate level and the applicant’s suitability to enter the counseling profession.

Please rate the applicant on each of the following items, using a five point scale.
3: Exceeds Expectations  2: Meets Expectations  1: Below Expectations  0: Unsatisfactory  X: Inadequate knowledge to rate

(   ) Academic ability              (   ) Motivation and drive
(   ) Ability in written expression  (   ) Emotional maturity and stability
(   ) Ability in oral expression     (   ) Self-reliance and independence
(   ) Suitability for the counseling field (   ) Ability to work well with others

Any additional comments concerning this applicant, please use a separate sheet.

How long have you known this applicant: _____________________________________
How do you know the applicant:_____________________________________________
Print or type name_________________________________________________________
Signature_______________________________________ Date_______________________
Position_________________________________________ Phone______________________
Email____________________________________________________________________

Please return this form to the student in a sealed envelope, or mail/fax directly to the Online Program

DEPARTMENT OF COUNSELOR EDUCATION ONLINE PLUS PROGRAM
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