

Recommendation Form

PLEASE PRINT OR TYPE

You may attach a letter if you do not wish to be limited by the form.

The individual whose name appears below has applied for admission to the Counseling and Student Affairs Program at Minnesota State University Moorhead. We will appreciate your frank answers to the questions on this form. Do not include information that might indicate the individual's race, color, national origin, citizenship status, religion, creed, age, disability, gender (unless by the individual's name it is obvious), sexual orientation, marital status, or status with regard to public assistance. In compliance with Section 504 of the Rehabilitation Act of 1973, we discourage you from referring directly or indirectly to an applicant's handicap. ***If you do not attach a letter, please provide written comments in Part 3.***

Name of Applicant _____

1. How long and under what circumstances have you known the applicant?

2. A. Please rate the applicant on the characteristics listed below.

B. What reference group are you using in these comparisons? (e.g., "all students ever known") _____

	Below Average	Average	Somewhat Above Average	Good	Outstanding	Truly Exceptional	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 15%	Next % Highest 15%	Highest 10%		
a. clarity of career goals							
b. comfort with emotions							
c. maturity							
d. quality of work performed							
e. counseling potential							
f. participation in class/group discussions							
g. ability to meet deadlines							
h. oral communication skills							
i. written communication skills							
j. relationships with peers							
k. ability to profit from suggestions and constructive criticism							
l. class/work attendance							

3. Please make some additional statements concerning the applicant's capacity for graduate study leading to a Master of Science degree in Counseling and Student Affairs.

a. **Strengths:**

b. **Weaknesses or Areas of Concern:**

Name of the individual completing this form _____

Position/Title _____

College/Organization _____

Address _____

Telephone Number _____

Signature _____ Date _____

Please mail this form to:
Graduate Studies Office, Minnesota State University Moorhead, 1104 7th Avenue South, Moorhead, Minnesota 56563

***Please be advised that under the Minnesota Governmnet Data Practices Act,
all references are available to the applicant upon request.***