



GRADUATE SCHOOL

Recommendation for Master of Arts in Clinical Mental Health Counseling (Page 1)

Applicant Name: _____

This portion to be completed by the writer of the recommendation:

1. What is your relationship to the applicant?

Teacher___ Supervisor___ Academic Advisor___ Employer___

Other (please explain):_____

2. How well do you know the applicant?

Not well___ Somewhat___ Well___ Very Well___

3. How long have you known the applicant?_____

Please evaluate the applicant as follows:

Table with 7 columns: Superior Top 2%, Very Good Top 10%, Good Top 25%, Average Middle 50%, Poor Bottom 25%, Unable to Judge. Rows include Academic Ability, Writing Skills, Speaking Skills, Suitability to function as a counselor/therapist, Ability to work with others, Maturity of judgment, Capacity to handle stress, Open-mindedness, Clear interpersonal boundaries, Receptivity to criticism, Motivation, Dependability, and Appreciation of difference and diversity.

Recommendation for Master of Arts in Clinical Mental Health Counseling (Page 2)

Please comment below or in a recommendation letter on any of these categories or other areas that you think would be helpful in assessing the applicant's qualifications for the program.

Do you have any information related to the applicant's personal characteristics that should be considered by the Admissions Committee in assessing the student's capacity to succeed in graduate study and professional work?

Name _____

Institution/Employer _____

Position _____

Your Highest Earned Degree _____

Phone _____

Email Address _____

Signature _____

Date _____

Please return directly to McKendree University:

Office of Graduate Admission

701 College Rd.

Lebanon, IL 62254

Phone: (618) 537-6576

Fax: (618) 537-6410

Email: graduate@mckendree.edu

1-800-BEARCAT (232-7228)



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