

**EASTERN UNIVERSITY
THE CAMPOLO COLLEGE OF
GRADUATE & PROFESSIONAL STUDIES
COUNSELING PSYCHOLOGY PROGRAMS
ACADEMIC/PROFESSIONAL RECOMMENDATION**

This recommendation should be written by an individual in academia or the workplace who is qualified to evaluate your professional achievements and academic potential. (Please note: This recommendation MAY NOT be submitted by a relative, spouse or friend of the applicant.)

STUDENT SECTION *To be completed by applicant. (Please print clearly or type.)*

APPLICANT'S NAME _____
last first middle initial MR. MRS. MS.

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PROGRAM FOR WHICH YOU ARE APPLYING:

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> MA in Counseling, Community/Clinical | <input type="checkbox"/> MA in Counseling, Spiritual Formation |
| <input type="checkbox"/> MA in School Counseling | <input type="checkbox"/> MS in School Psychology |
| <input type="checkbox"/> School Counseling Certification | <input type="checkbox"/> School Psychology Certification |

IN WHICH AREA ARE YOU APPLYING THIS RECOMMENDATION? (You must have one recommendation in each area.)

- Educational Professional

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request. The act also provides that in the case of recommendations, the institution may request, but not require, the student to waive his/her rights to read confidential recommendations. Please indicate below whether or not you will waive your right to read the recommendation on this form, then sign your name.

- I waive my rights to read this confidential recommendation.
 I do not waive my rights to read this confidential recommendation.

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE NOTE: Recommendations are utilized for admission purposes only and are not retained after matriculation into the program.

RECOMMENDER SECTION *(Please attach this form to your letter of recommendation written on letterhead.)*

Thank you for your willingness to serve as a recommender for the above applicant. Eastern University has a personalized review and selective admissions review process. Accordingly, Eastern University will be reviewing the applicant's academic records and professional history. It is recognized that academic success cannot in itself predict the applicant's potential in the program. Therefore, the applicant is asked to present an academic and a professional recommendation to complete his/her application file.

RECOMMENDER'S NAME _____

COMPANY _____

POSITION _____ DAYTIME PHONE NUMBER _____

PLEASE ADDRESS THE FOLLOWING IN YOUR LETTER OF RECOMMENDATION:

- Your position, length of time you have known the applicant, and in what capacity.
- A description of the applicant's strengths and weaknesses in communication, motivation, and other relevant characteristics.
- The applicant's potential to succeed in the program.
- Your level of support and enthusiasm for the applicant's participation in the program.

Continued on reverse side

PLEASE RATE THE APPLICANT IN COMPARISON WITH OTHERS YOU HAVE KNOWN IN THE COUNSELING PROFESSION.

Abilities and Characteristics	Exceptional 95 + %	Outstanding 80-94%	Good 65-79%	Average 50-64%	Below Average 0-49%	No Basis for Judgment
Leadership qualities						
Motivation toward career in the field						
Ability to work with people						
Ability to work with supervisors						
Flexibility						
Creativity						
Adaptability						
Independence						
Open-mindedness						
Tolerance for ambiguity						
Emotional maturity						
Intellectual curiosity						
Stability						
Intellectual ability						
Initiative						
Judgment						
Problem-solving ability						

RECOMMENDATION: (CHECK ONE AND EXPLAIN YOUR CHOICE IN YOUR LETTER)

- I recommend the applicant without reservation.
- I recommend the applicant with reservation.
- I do not recommend the applicant.

CONFIDENTIALITY:

This recommendation remains confidential during the admission process. If the student has not signed the waiver of right to inspect the recommendation, your evaluation will become accessible as part of the student's records only if the student enrolls in the graduate program.

RECOMMENDER'S SIGNATURE _____ DATE _____

MAILING INSTRUCTIONS

Please seal your recommendation and sign across the seal, then mail directly to:

Eastern University
 GPS Admissions
 1300 Eagle Road
 St. Davids, PA 19087