

# Graduate Application for Admission

## Counseling Psychology Academic/Professional Recommendation



faith reason justice  
**EASTERN**  
UNIVERSITY

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.)

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 (Clinical)          | <input type="checkbox"/> MS in School Psychology              |
| <input type="checkbox"/> MA in School Counseling              | <input type="checkbox"/> School Psychology Certification only |
| <input type="checkbox"/> School Counseling Certification Only |   |

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

- ☐ Academic ☐ 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

### RECOMMENDER SECTION

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 \_\_\_\_\_

E-Mail \_\_\_\_\_

Please provide the following:

- Your position: \_\_\_\_\_
- Length of time you have known the applicant: \_\_\_\_\_
- In what capacity you have known the applicant: \_\_\_\_\_
- Any additional information you believe would be important as we consider this applicant: \_\_\_\_\_

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						
Written Ability						
Verbal Ability						

**Recommendation: (Check one and elaborate on your choice.)**

☐ I recommend the applicant without reservation

Comments: \_\_\_\_\_

☐ I recommend the applicant with reservation.

Comments: \_\_\_\_\_

☐ I do not recommend the applicant.

Comments: \_\_\_\_\_

### 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  
CCGPS Admissions  
1300 Eagle Road  
St. Davids, PA 19087