

# Graduate Application for Admission

## Doctor of Arts in Marriage and Family Reference Form



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.)

**APPLICANT'S 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

*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 \_\_\_\_\_

**EVALUATOR'S SECTION** (To be completed by evaluator. Please print clearly or type.)

The person named above has applied for admission to the Doctor of Arts in Marriage and Family program at Eastern University. Thank you for your willingness to serve as a reference. Please provide information focusing on his or her leadership qualities, character, emotional stability, academic ability, competency in present professional practice, and ability to benefit from this program.

**Please remember to attach your recommendation letter on letterhead to this evaluation form when you mail it in.**

Please indicate which one of the following represents the perspective from which your letter is written:

- Church Official
- Colleague
- Supervisor
- Academic

Evaluator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Continued on reverse side

Please rate the applicant:

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

Evaluator’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Please remember to attach your recommendation letter on letterhead to this evaluation form when you mail it in.

**Mailing Instructions**

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

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