

## Recommendation Form MEd Program in Counseling

**Applicant:** Complete the information requested below and give to the person serving as your reference. Also, please note that, on the whole, recommendations may provide information that is more useful to this Program and to you if their recommendations are confidential. If you think that this is the case, you may wish to sign the waiver below. The decision is entirely up to you.

Applicant Name \_\_\_\_\_

Recommender's Name \_\_\_\_\_

Program Applied To + School Counseling M.Ed.

+ Clinical Mental Health Counseling M.Ed.

I waive my rights to view this completed form and any supplemental letter.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Recommender:** The person named above is applying for admission to the graduate program indicated at the University of Missouri – Saint Louis. The Counseling program would appreciate very much having your appraisal of the applicant's qualifications for graduate work in counseling. Please respond by filling out this form, along with writing a separate letter [preferably on letterhead] including your assessment of this applicant's readiness for graduate level work. Please include your contact information in the letter. Thank you for your assistance.

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant? \_\_\_\_\_
- In what capacity have you known the applicant? \_\_\_\_\_

Please rate the applicant on the traits shown below with respect to others of the same academic level.

Percentile													
Traits	Weak											Strong	Not Able to Judge
	0	10	20	30	40	50	60	70	80	90	100		
Intellectual Ability	0	10	20	30	40	50	60	70	80	90	100		
Potential as a professional counselor	0	10	20	30	40	50	60	70	80	90	100		
Writing Skills	0	10	20	30	40	50	60	70	80	90	100		
Potential for Research	0	10	20	30	40	50	60	70	80	90	100		
Motivation and Diligence	0	10	20	30	40	50	60	70	80	90	100		
Ability to work with colleagues	0	10	20	30	40	50	60	70	80	90	100		
Ability to work with children and adolescents	0	10	20	30	40	50	60	70	80	90	100		

If you alone were making the decision, would you accept the applicant as a graduate student? [Please check your response below.]

- Seek out – will be a truly outstanding student and professional
- Definitely accept – will complete the degree at a superior level
- Accept – but with reservations concerning ability or motivation
- Accept – but with reservations concerning academic potential
- Do not accept – please explain.

*Please return this form with accompanying recommendation letter prior to  
March 1<sup>st</sup> for Fall admission or October 1<sup>st</sup> for Spring admission to:*

[CounselingMEdApps@umsl.edu](mailto:CounselingMEdApps@umsl.edu)