

Candidate Recommendation Form
Counseling and Student Affairs Programs
Western Kentucky University

To the applicant: TYPE or PRINT your name and check your proposed program of study. Sign in the space indicated if you desire the recommendation to remain confidential. For the convenience of the referent, you should include an envelope. Give this form to the referent and ask for it to be returned to YOU in the sealed envelope. You then submit the sealed recommendation to the department with the rest of your application.

Name (print): _____
 LAST, FIRST MIDDLE or MAIDEN

Proposed Master's degree program of study (check one):

- () School Counseling
- () Counseling: Marriage, Couple, and Family Counseling
- () Counseling: Clinical Mental Health Counseling
- () Student Affairs in Higher Education

I agree that the recommendation I am requesting shall be held in confidence by officials of Western Kentucky University, and I hereby waive any rights I may have to examine it.

_____ Applicant's signature Date _____

TO THE REFERENT

Western's Department of Counseling and Student Affairs will appreciate an evaluation from you concerning the above applicant. Please complete the checkboxes on the opposite side whether you would recommend the candidate for this program, and state how long and in what connection you have known the applicant. If you have any questions, call us at (270)745-4953. Thank you!

Please evaluate the applicant's qualifications by checking the appropriate spaces below.
Compare the applicant to other beginning level master's students.

Qualifications	Excellent	Good	Satisfactory	Needs Improvement	No basis for judgment
Communication Skills – Verbal					
Communication Skills – Written					
Interpersonal Skills					
Emotional Maturity					
Ethical Conduct					
Accepts Supervision					
Acts Responsibly					
Academic Ability					
Academic Motivation and Effort					
Overall potential as a graduate student					

Would you recommend this candidate for graduate training? Please check one of the following:

() Highly Recommend () Recommend () Undecided () Do Not Recommend

Written Comments: Please use the remaining space to comment on your recommendation:

How long have you known the applicant? _____ In what capacity? _____

Please place this recommendation in an envelope, seal it and sign across the seal. Return the envelope to the candidate.

Referent (Please Print): _____ Position: _____

Signature of Referent: _____ Date: _____

Address: _____ Phone: _____